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Sexual Consent Perceptions of Child Sex Offenders Who Experienced Childhood Sexual Abuse

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Walden University

College of Social and Behavioral Sciences

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Traci Lordan

has been found to be complete and satisfactory in all respects,
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Review Committee

Dr. Sharon Xuereb, Committee Chairperson, Psychology Faculty
Dr. Bethany Walters, Committee Member, Psychology Faculty
Dr. Victoria Latifses, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2020

Abstract

Sexual Consent Perceptions of Child Sex Offenders Who Experienced Childhood Sexual

Abuse

by

Traci Lordan

MPhil, Walden University, 2019

MS, Walden University, 2014

BA, Temple University, 2009

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2020

Abstract

Sexual consent is the necessary and mutual permission of 2 parties to engage in age-appropriate sexual activity. Child sex offenders (CSOs) target children, an age group who is not legally or ethically permitted to engage in or provide consent to sex. Yet, CSOs overstep all sexual, consensual, and moral boundaries to commit a sexual offense against a child. In this interpretative phenomenological analysis (IPA) study, CSOs' perceptions of sexual consent and the experiences of their own childhood sexual victimization shaped their conceptualizations of sexual consent were explored. The conceptual framework of implicit theory was used to gain the detailed and unbiased perspectives of CSOs based on their individual worldviews. The participants were 7 adult males who were convicted of sexual abuse against a child and were actively engaged in outpatient services in a mental health facility located in an urbanized city in Pennsylvania. Semi structured interviews were conducted to collect data, which were analyzed and interpreted using IPA. Four themes emerged from analysis: distressing and unhealthy childhood experiences, limited knowledge of consent during first sexual experiences, understanding of consent, and influences that led to sexual interaction with a child. The findings of this study can be used to improve mental and behavioral health treatment to further explore the development of sexual consent among CSOs and increase education concerning sexual consent for male victims of sexual abuse.

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Dedication

This dissertation is dedicated to my Dad, Frank Lordan. I've kept you in my heart and soul through this entire journey. You gave me strength along the way when life was hard or when I felt like giving up. I hope you are smiling down from heaven with pride.

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To my chair, Dr. Sharon Xuereb, thank you for the constant support, patience, knowledge, and positive encouragement in helping me achieve this tremendous accomplishment. I am forever grateful.

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To my wonderful children, Donovan and Nicholas, thank you for inspiring and motivating me every day to be a better parent, person, and professional. Because of you, I pursued my dreams. Always stay true to YOUR dreams! NOTHING is impossible if your heart is in it!

To my better half, Bernie, thank you for your patience, unconditional love, and support. Your faith in me helped me to see the light when days in this journey were dark and difficult. I love you.

To my mom, Peggy, thank you for everything! You never told me I couldn't or shouldn't do what was important to me. You have been an amazing cheerleader and confidant throughout this journey. I love you more than words can say.

To my sisters, Tiffany and Maggie; my brother, John; and my friends and family, my gratitude for your support could never truly be expressed in words. I am blessed with wonderful people in my life.

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Chapter 1: Introduction to the Study

Introduction

The concept of sexual consent is often overlooked when exploring the intentions of child sex offenders (CSOs). Past studies have addressed cognitive distortions and childhood sexual abuse experiences that can lead to offending behaviors, but the comprehension of the permission to engage in the sexual act has not been fully investigated (Bourke, 2004; Levenson & Grady, 2016). The central moment of sexual consent crosses the boundary of a fantasy, or thought, to a sexual action towards another person. In regard to adult male sex offenders who target children, their perceptions of sexual consent may differ from the general population. CSOs tend to justify the initiation of a sexual behavior towards a child due to cognitive distortions (Sigre-Leirós, Carvalho, & Nobre, 2016). However, the distorted thoughts are often developed from experiences of childhood sexual abuse that influence CSOs' worldviews, which also differ from the general population (Sigre-Leirós, Carvalho, & Nobre, 2016). Therefore, this study was aimed at understanding CSOs' perceptions pertaining to the formed ideas of sexual consent.

In this chapter, I provide background information on the topic and the problem statement. The purpose of the study is identified after the problem statement. Then, the research questions are provided, followed by the purpose of the study. I explain the lens of the study in the theoretical framework section, maintaining alignment of the phenomenological interest in accordance with the research questions. The nature of the study is discussed, including an explanation of the benefits of using a qualitative method

for this particular study. Operational definitions follow to assist the reader in gaining full comprehension of terms used in the study. I then present the assumptions, scope and delimitations, and limitations of the study as well as the significance of the study. The chapter concludes with a summary.

Background

Researchers have provided information on how sexual consent is perceived through the lens of societal norms but have neglected to capture viewpoints of the population who violates sexual consent (Simard, 2015). Sexual consent is recognized as a consenting adult's free will to permissively agree to the sexual exchange and freedom to withdraw from the activity at any time with mutual understanding (University of Michigan, 2018). Yet, CSOs engage in sexual interactions with children, a vulnerable and naive population who lacks the comprehension of what sexual engagement is. Researchers has identified that CSOs typically view child victims as sexual beings, feel entitled to engage in sexual acts with children, and are often unable to control actions that stem from thoughts or fantasies regarding intimacy with children (Paquette, Cortoni, Proulx, & Longpre, 2014). CSOs are aware of their deviant sexual interests in children and the impact of their abnormal interests on others (Blagden, Mann, Webster, & Williams, 2017). Cognitive distortions in CSOs typically develop through early maladaptive schemas (EMSs) that contribute to feelings of subjugation, believing that others have control (Carvalho & Nobre, 2014). Therefore, CSOs tend to gain that sense and feeling of control by victimizing children (Carvalho & Nobre, 2014; Paquette et al.,

2014). The lack of controlled thoughts in conjunction with the need to control a child may dismiss or overrule judgment of sexual consent (Malón 2015, 2017).

Cognitive distortions associated with CSOs are correlated to experiences of childhood sexual abuse (Levenson & Grady, 2016). Male child victims of sexual abuse by a female perpetrator often view the experience as confusing, causing clouded perceptions of abuse by the male victim (Bourke, 2014; Vaillancourt-Morel, et al., 2016). Permission of the sexual act is skewed by male victims due to dependence on a maternal or trusted figure, and often, the experience is not viewed as abuse but as a sexually consenting experience with that maternal figure (Bourke, 2014). Cognitive distortions develop as a result of the abuse, promoting the sexually deviant interests and behaviors towards children in adulthood (Carvalho & Nobre, 2014; Levenson & Grady, 2016; Sigre-Leirós et al., 2016). Negative internal and external traits also influence CSOs' cognitive distortions as a result of negative childhood experiences and trauma histories (Carvalho & Nobre, 2014; Levenson & Grady, 2016; Sigre-Leirós et al., 2016). Internal traits of worthlessness and abnormal and poor self-images manifest as a result of traumatic childhood experiences, such as sexual abuse (Sigre-Leirós et al., 2016). The internal traits influence the external factors of low self-esteem, dysfunctional relationships, and perceptions of others (Sigre-Leirós et al., 2016).

In summary, CSOs' cognitions and characteristics have been linked to their desires of sexual interactions with children, but the concept of seeking that permission, or how it was justified, was lacking (Malón, 2017). The findings of this study increased insight into the sexually deviant interests and behaviors of CSOs pertaining to when the

moment of crossing the boundary from the thought to the sexual act is commenced. This pivotal moment is the dismissiveness, disregard, or distortion of sexual consent (Malón, 2017). The use of implicit theory provides a deeper understanding of CSOs' cognitive distortions that developed and contributed to the concept of sexual consent (Beauregard & Leclerc, 2007). Implicit theory can be used to identify the abnormal perspectives of how CSOs view themselves and the world in relation to their sexual interests and self-permissibility of sexual interactions with children (Beauregard & Leclerc, 2007; Schneider, 1973). The benefits of implementing an implicit theory conceptual framework in this study is described later in this chapter and in Chapter 2.

Problem Statement

Ethical and moral sexual consent is not given by children to CSOs. Sexual consent is derived from a mutual understanding of what is occurring sexually in addition to a healthy outlook towards the self and the other person involved (Malón, 2015). Children have been known to agree to the sexual interaction, but in these cases, the consent was passive or the child was unaware of the ethical and moral judgments of the sexual exchange; therefore, the permission to engage in the sexual act is overlooked or justified by CSOs (Malón, 2015). Children victims of sexual abuse often do not report the offense out of guilt or shame (Vaillancourt-Morel et al., 2016). If the offense is reported, children are often required to testify against CSOs in criminal proceedings (Vaillancourt-Morel et al., 2016). This process can cause the child to feel intimidated, resulting in acknowledgement of partaking in the act or minimizing or denying sexual offenses out of fear, and therefore, the child is already on the path of developing emotions and traits that

lead to cognitive distortions found in CSOs (Levenson & Grady, 2016). CSOs may continue to validate their sexual offenses upon learning the child's limited insights pertaining to the sexual act, justifying their distorted thoughts (Levenson & Grady, 2016). If the understanding of sexual consent by CSOs can be identified, legal and mental health professionals may be better equipped to address the direction and nature of the sexual offense, provide more appropriate outcomes of court hearings, and increase the assistance for victims reporting the offense.

Researchers have determined that the developmental traits and childhood sexual trauma of CSOs have contributed to sexual offending in adulthood, but how CSOs perceive permission of the sexual act is lacking (Bourke, 2004; Levenson & Grady, 2016; Malón, 2017). Negative characteristics and traits have been related to the identity of CSOs, including their justifications of sexually acting out behaviors (Sigre-Leirós et al., 2016). Researchers have found EMSs of CSOs relate to perceptions of control, which may contribute to a dismissive judgment towards consent (Carvalho & Nobre, 2014; Simard, 2015). CSOs who possessed vulnerable traits in childhood also increased their susceptibility to sexual abuse, which contributed to greater negative internal attitudes and EMSs (Carvalho & Nobre, 2014). The combination of negative traits and EMSs has contributed to male sex offending behavior, possibly helping develop distorting or dismissing attitudes towards sexual consent (Carvalho & Nobre, 2014).

Male victims of childhood sexual abuse may have developed blurred distinctions between sexual consent and abuse based on their relationship with their perpetrator (Vaillancourt-Morel et al., 2016). In addition to earlier life experiences and developed

beliefs, this distortion of trust may lead to sexual offending behaviors where the individual commits sexual acts without gaining permission from their partner (Jennings, Zgoba, Maschi, & Reingle, 2013). While recent studies have examined emotional dysfunctions and cognitive distortions that potentially lead to sexual offending behaviors towards children, they have not addressed how or when sexual consent was developed or what hindered its development. It is evident that victims of childhood sexual abuse can transition to abusing children (Levenson & Grady, 2016), but the recognition of how their understanding of sexual consent contributes to a permissive behavior of molestation after experiencing sexual abuse still needs to be explored (Malón 2015, 2017).

Purpose

CSOs commit sexual offenses towards children based on cognitive distortions that disregard sexual consent (see Houtepen, Sijtsema, & Bogaerts, 2016; Levenson & Grady, 2016). Although the cognitive distortions of CSOs have been explored to learn the root of those developments, such as childhood sexual abuse histories, the crossover moment of when CSOs decide to violate children sexually has not been identified. Internal and external traits that develop as a result of childhood sexual trauma have been linked to sexual offending against children as adults (Levenson & Grady, 2016; Sigre-Leirós et al., 2016). CSOs often lack self-confidence and control over their livelihoods, which prompts the need to seek acceptance from a child (Paquette et al., 2016). Yet, perspectives of sexual consent and the desires of CSOs may differ based on histories and category of a CSO, such as child molester or pedophile. Research has identified pedophiles have more awareness of the impact of sexual offenses against a child in addition to a long-term

deviant interest in children as opposed to child molesters (Blagden et al., 2017; Houtepen et al., 2016). Therefore, pedophiles may present a more calculated and manipulative mentality in regards to the permission of a sexual act with a child (Houtepen et al., 2016). However, increasing insight as to how CSOs conceptualize sexual consent can provide a gateway for future studies in addition to the modification of present interventions and assessments for child victims of sexual abuse and adult male sex offenders of children.

Because research in the area of sexual consent among CSOs is very limited, the purpose of this phenomenological study was to understand how sexual consent is developed by CSOs based on their personal histories of childhood sexual abuse. In this study, I identified and explored the cognitive distortions of sexual consent through the perspectives of adult males who have sexually offended against children. Because the distorted beliefs of sexual consent are contributing factor towards sex offending behaviors, the outcomes of this study directed insight into how the sexual act is deemed permissible through the perspectives of CSOs based upon their childhood sexual abuse experiences (see Levenson & Grady, 2016).

Conceptual Framework

I used implicit theory as the conceptual framework for this study. The term *implicit personality theory* was first used by Bruner and Tagiuri in 1954 to address how individuals may present similar traits and characteristics with other persons; yet, the perceptions typically vary (Schneider, 1973). The term *implicit* implies an automated response towards a phenomenon (Bargh & Chartrand, 1999). The automatic, or implicit, mechanisms are derived from continuous self-evaluations of life experiences,

implementing unconscious responses towards actions and perceived goals (Bargh & Chartrand, 1999). Implicit theory has been used to address biases stemming from judgments and to recognize the diverse acuties of how people behave, react, respond, and conduct themselves (Dweck, Chiu, & Hong, 1995; Schneider, 1973). Individual worldviews contribute to how a person responds and reacts to life events (Dweck et al., 1995).

In this study, I used the framework of implicit theory as it pertains to the decisions made by CSOs in regard to their offensive behaviors towards children (see Beauregard & Leclerc, 2007). Researchers have found that CSOs often experienced childhood sexual trauma that has misshapen and distorted their thinking, and this may, in turn, allow them to justify committing sexually deviant behaviors (Drake, Ward, Nathan, & Lee, 2001; Paquette et al., 2014). Implicit theory can be used to identify an emergence of CSOs' beliefs that stemmed from their experiences of childhood sexual abuse. For example, sexual abuse in childhood can limit affect towards others, leading towards a lack of care or concern for others and creating an ability to commit a sexual offense against a child (Abbiati et al., 2014; Hlavka, 2017). Limitations and distortions of understanding are interwoven from childhood into adulthood, leaving an individual to contribute significant meaning to their sexual actions. The concept of implicit theory can be used to explore how the sex offender perceives himself in the role as the perpetrator during the sexual act, recognizing it as self-permission or a distorted validation of consent from the victim (Drake et al., 2001). This perception of consensual sexual exchange with a child was the primary investigation of this study.

Implicit theory has also been used in past studies researching the cognitive distortions of CSOs. For example, five specific implicit theories of child abusers have emerged in relation to their thinking errors: child as a sexual being, entitlement, dangerous world, uncontrollable, and nature of harm (Marziano, Ward, Beech, & Pattison, 2006; Walton, Duff, & Chou, 2017; Ward & Keenan, 1999). CSOs view children as beings who can satisfy sexual desires and needs based on the implicit theory of a child as a sexual being (Marziano et al., 2006; Walton et al., 2017; Ward & Keenan, 1999). CSOs also believe that the child is capable of making a cognizant and knowledgeable choice in regard to participating in the sexual act (Marziano et al., 2006; Walton et al., 2017; Ward & Keenan, 1999). Dysfunctional childhood histories, including trauma of sexual abuse, can lead to the development of intimacy issues in adulthood (Wood & Riggs, 2009). CSOs then distort intimacy, seeking that attachment or closeness through having sex with children, deeming them sexual beings (Wood & Riggs, 2009).

Researchers also discovered the implicit theory of entitlement, identifying that CSOs believe they are entitled and deserving of the engagement of sexual relations with children (Marziano et al., 2006; Walton et al., 2017; Ward & Keenan, 1999). Sexual entitlement is a schema that can develop as a result of traumatic experiences, including childhood sexual abuse, creating maladaptive beliefs in interpersonal relationships (Yates, 2009). The dysfunctional perceptions can manifest sexual thoughts of children as appropriate (Yates, 2009) CSOs' perceptions of the world as being an unsafe place tend to justify that a child is a safer intimate partner than an adult and are framed in the implicit theory of a dangerous world (Yates, 2009).

The uncontrollable implicit theory applies to the CSOs' perception that internal emotions are external factors, such as unplanned situations, which are not within a person's control; therefore, the sexual interaction with the child is an uncontrollable event (Marziano et al., 2006; Walton et al., 2017; Ward & Keenan, 1999). Trauma in childhood, such as sexual abuse, has been identified as an uncontrollable event (Ward & Keenan, 1999). Therefore, CSOs develop unmanageable deviant desires, such as sexual urges. A distorted thought develops within the uncontrollable implicit theory as the CSO rationalizes being sexually abused, permitting himself to sexually abuse as an adult (Ward & Keenan, 1999). Finally, the nature of harm implicit theory refers to the minimized thought that engaging in sexual interactions with a child is not harmful (Marziano et al., 2006; Walton et al., 2017; Ward & Keenan, 1999).

I used these discussed implicit theories related to the thinking errors of CSOs as the foundation of the current study in framing and comprehending how sexual consent is perceived and highlighting that CSOs believe the child partakes in the sexual act willfully, according to the child as a sexual being implicit theory (see Marziano et al., 2006; Walton et al., 2017; Ward & Keenan, 1999).

Research Questions

The goal of the study was to explore and comprehend how adult male child sex offenders, who have themselves been sexually abused as children, conceptualize sexual consent. I created the research questions in accordance with Bruner and Tagiuri's implicit theory to capture the various and distinct perceptions of sexual consent among CSOs. The primary question the study addressed was how sexual consent is developed among CSOs

who possess a history of childhood sexual abuse, while the underlying, or secondary, question investigated how the CSO views sexual consent in regard to children.

RQ1: How is sexual consent influenced by childhood sexual abuse among adult male CSOs?

RQ2: How do CSOs perceive a child's ability to provide sexual consent?

Nature of the Study

The findings of this qualitative study assisted with understanding how CSOs define, identify, and develop sexual consent in relation to childhood sexual abuse histories. I collected data through semi structured interviews of CSOs who provided their own perceptions of sexual consent based on their lived experiences of sexual abuse and their perceptions of a child's ability to understand sexual consent. I used interpretative phenomenological analysis (IPA), a qualitative methodology, to explore the individual meaning of sexual consent based upon the varied accounts the participants' relayed from personal experiences of childhood sexual abuse (see Pietkiewicz & Smith, 2014). IPA is used to investigate how a phenomenon is comprehended and perceived by an individual or population (Pietkiewicz & Smith, 2014). The phenomenology of IPA focuses on human experience and how a person can shed light on that particular experience (Smith, Flowers, & Larkin, 2009). The phenomenon of this qualitative study was sexual consent. Each participant was able to correlate a concept of sexual consent in accordance with lived experiences.

The concept of IPA is a foundation of phenomenology, idiography, and hermeneutics (Pietkiewicz & Smith, 2014). The idiography is used to identify the

uniqueness of each participant's perspectives (Smith, 2015). The detailed accounts of the participants were recognized and valued as personal views shaped and interpreted by experiences; each CSO provided exclusivity of how sexual consent is conceptualized. And, hermeneutics applied to the unbiased and clear interpretation of the phenomenon of sexual consent that was clarified and identified by the participant (see Smith, 2015). The hermeneutic principle created understanding of how cognitive distortions of sexual consent were developed by CSOs through their experiences of childhood sexual abuse.

The IPA methodology benefited many areas of the current study from the formulation of interview questions to the collection, analyzation, and interpretation of the data (see Pietkiewicz & Smith, 2014). IPA contributed to the interview questions because they were framed to extract unique meaning from the individual responses of CSOs and were focused on the phenomenon of sexual consent. The semi structured interviews allowed for the genuine involvement of a one-on-one verbal exchange that permitted reframing of questions to gather deeper and richer context as well as additional explanations from the participants. The collected data were the participants' responses in interviews. I analyzed the data individually to address distinction among the responses and viewed in totality for emergent patterns and codes. The codes were then compared with each other to identify themes among the discovered codes (see Pietkiewicz & Smith, 2014). Upon saturation of the comparisons, the emergent themes of this study provided insight and meaning into the phenomenon of sexual consent and how childhood sexual abuse experiences influenced cognitive distortions of sexual consent (see Paquette et al., 2014).

Operational Definitions

Child molester: An adult who sexually abuses a child (Sigre-Leirós et al., 2016; Winters & Jeglic, 2017).

Child sex offender (CSO): An adult who has been convicted of a sexual crime against a child (Winters & Jeglic, 2017).

Cognitive distortion: An inaccurate or abnormal perception of the self or world (Marziano et al., 2006; Paquette et al., 2014; Vaillancourt-Morel et al., 2016; Walton et al., 2017)

Pedophile: A person who is sexually attracted to and sexually aroused by prepubescent children, typically under the age of 13 years old (Houtepen et al., 2016).

Sexual consent: The agreement to engage in sexual activity with another party based on free will and comprehension of sexual activities (Malón, 2015, 2017; Simard, 2015).

Assumptions

I made several assumptions while planning and conducting this study. The primary assumption was that the CSOs' understanding of sexual consent would be influenced by their cognitive distortions and thinking errors developed as a result of childhood experiences. Another assumption was that concepts of sexual consent would be similar among common identifications (i.e., child molester or pedophile) or among similar childhood experiences.

My assumptions were based on the interviews and thorough responses from participants of the study. Participant responses varied from close-ended responses to full

paragraphs based on specific questions and how they were framed to the participant.

Vague responses were also reframed for deeper and more detailed information. I assumed the accuracy and honesty of the responses because the participants were initially informed of the value of their input for this research. I also made assumptions pertaining to the identification of codes and patterns that helped to determine distinct and insightful themes among the interview responses. Some themes directed sexual consent as being justified by the CSO, whereas other themes presented sexual consent as being given by the victim or the lack of sexual consent being addressed at all by the offender.

Perspectives of sexual consent varied among the CSOs partaking in the study regardless of all participants sharing the commonality of transitioning from the sexually deviant thoughts of children to physically and sexually acting out towards a child victim.

Scope and Delimitations

In this study, I explored the conceptualization of sexual consent among CSOs who experienced childhood sexual abuse. Contributing factors of the perceptions were based on cognitive distortions that developed from childhood experiences of sexual abuse. Participants chosen for the study were adult males who had committed a sexual offense against a child, been sexually abused in childhood, and were found guilty of such a crime in a court of law. This specific population has been identified as possessing cognitive distortions related to child sex offending behaviors (Carvalho & Nobre, 2014); therefore, the similar traits and patterns of behavior provided richer knowledge of how sexual consent is conceptualized.

This study was limited to an orientation of adult males who had been found guilty by a legal authority of having committed a sexual crime against a child. Therefore, I excluded those who had not yet been convicted of a sexual offense. Male juvenile delinquents who had been found guilty of sexual abuse and adult males who committed a sexual offense against another adult were also excluded. CSOs who have been diagnosed with an intellectual disability were also ruled out because of the possibility that they lacked full comprehension of my inquiries as well as a likelihood of lacking full understanding of their sexual offense and deviant interest in children. The sexual orientation, religious beliefs, and cultural backgrounds of participants were not addressed in the study.

Another delimitation of the study was that the adult, male, CSO participants were actively engaged in sex-specific treatment for a minimum of 6 months at the time of the study because they already possessed an understanding of interview processes and a comfort level in disclosing sexual histories. The gender of the child victim was not addressed because it was not directly relevant to the focus of the study. One delimitation is that none of the offenders were women. The findings did not necessarily apply to those who had been convicted of noncontact child sexual offences, such as downloading child pornography.

Another delimitation was the type of study utilized for the research. Because the study was a qualitative design, a small number of participants contributed to the findings of the study. The research was being conducted in a central area of an outpatient services program for sex offenders in the northeastern United States; therefore, the findings may

not be applicable to other programs, such as partial hospital setting or transcontinental locations or regions outside of the United States.

Limitations

Several limitations were applicable to this study. First, the cultural backgrounds and sexual orientations of the CSOs were not considered factors for this study. However, the diversity may potentially be significant to future research, such as comparing similarities and differences of CSOs' perspectives of sexual consent among various groups within a quantitative design.

Using the qualitative design, I focused on a limited number of participants; therefore, common themes and patterns may not be relevant to other CSOs with similar childhood sexual abuse experiences. The smaller number of participants provided richer details to how sexual consent is perceived among CSOs but did not qualify in creating a common theme among all CSOs. Research that can address a larger group, possibly using a quantitative design, may gain a broader understanding of CSOs' perceptions but would lack in the opportunity of receiving unique and distinct responses.

Another limitation was the data collection process. The process was reliant upon the self-reports of CSOs as opposed to concrete or factual information. Addressing sexual consent and exploring childhood sexual abuse experiences are also sensitive topics, so the interviews may not have produced fully open disclosures. Past studies have found CSOs will deliberately lie or minimize responses to researchers, which can impact the study outcomes (Navathe, Ward, & Gannon, 2008). As previously stated, one requirement of the study was that the participant must have been in a treatment program for at least 6

months to assist with gaining open disclosures. Lacking full disclosures may have produced limited insight within responses and, ultimately, limit the overall results of the study.

The study did not include other possible factors towards sexual offending against children, such as adult experiences, substance misuse, or other social influences. The inclusion of such factors may have led to biases related to how and why sexual consent was justified in the mind of the CSO to engage in sexual activity with a child. The goal of the study was to focus on the perspective of permission to engage in a sexual activity with a child, while solely addressing influences of the participants' childhood sexual abuse experiences.

The study was also limited by neglecting exploration of how permission is addressed in other aspects of life events rather than just sexual consent. Other aspects of permission may not have correlated to the childhood sexual abuse histories and development of personality traits that distort the idea of sexual consent. Perceptions of other permissive acts may also have varied based on relationships and situations that are irrelevant to sexual exchange.

Significance

This study was distinctive because it filled a gap in the literature by identifying how sexual consent is understood by CSOs who were sexually abused in childhood through the collection of CSO perceptions. This study was also exclusive and critical because it explored an area of research that has not yet been investigated. In the study, I connected the cognitive distortions and schemas (see Carvalho & Nobre, 2014)

developed by CSOs with the self-permission or distorted belief of permission that results in nonconsensual, deviant sexual behavior towards children (see Blagden et al., 2017). Additionally, the findings of this study produced insights into the CSOs' cognitive distortion of sexual consent with preconceived and permissive sexual behavior that developed from childhood sexual abuse experiences (see Carvalho & Nobre, 2014).

Most studies concerning CSOs relate to cognitive distortions, individual traits, deviant sexual behaviors, and the development of sexual abnormalities. The findings of this study can contribute to the literature related to sexual behaviors, which can benefit future studies. I also addressed the crossover from deviant thought to abusive behaviors, which is important to identify in order to erode or eliminate the latter. The outcomes of the study can also assist with the development of new and modified assessments as interventions for CSOs as well as addressing improved treatment methods for victims of sexual abuse to deter or prevent the development of cognitive distortions related to the overlapping cycle of victimization to offending (see Levenson & Grady, 2016).

If the CSOs' concept of sexual consent is learned, greater awareness and education can be directed to the community to increase safety and assist male victims more readily to deter offending behaviors. Comprehending the CSOs' perception of permission to engage in a sexual act with a child can also provide more effective treatment when addressing offenses and guiding rehabilitation for CSOs who participate in sex-specific treatment programs. Researchers have identified the need of understanding how and why CSOs are motivated to sexually offend against children (Tierney & McCabe, 2004), which may be initiated by a cognitive distortion of sexual

consent. This understanding can increase the CSOs' incentive to change, which, in turn, increases the safety of potential child victims. The desire for positive social change can evolve into a proactive movement of improved assessments and treatment for CSOs and youth males victimized by sexual abuse. These advances can ultimately lead to decreasing the risk of recidivism for CSOs, reducing the pattern of cognitive distortions that can develop as a result of childhood sexual abuse, and increasing the safety concerning and education of CSOs in the community.

Summary

Researchers have identified that CSOs possess deviant interests and attraction towards children and respond to that internal stimuli; however, their perceptions of how the permission to engage in sexual activity with a child is granted is lacking. Cognitive distortions related to concepts of sexual consent must be understood to address and minimize the transition from illicit sexual thoughts of children to the behavior of engaging in sexual acts with children. Because past researchers have correlated the thoughts, characteristics, and behaviors of CSOs to past experiences, sexual consent may also have been a distorted development gained within the CSOs' childhood sexual abuse history. Insights into how sexual consent is perceived by the CSO who experienced sexual abuse in childhood present significant information towards the thought processes of CSOs while also contributing to methods of controlling and redirecting the deviant thoughts to reduce the follow-through of sexually acting towards a child.

In the next chapter, I explain how the study was developed and present the conceptual framework. The literature review includes a discussion of the past studies used for the current study in addition to a summary and conclusion of the chapter.

Chapter 2: Literature Review

Introduction

According to 10 U.S.C. § 920. Art. 120. Rape and Sexual Assault Generally, sexual consent is mutual permission to engage in sexual activity between competent persons (Cornell Law School, n.d). It is not implied; forcing or manipulating a person to have sex is not consensual. Lack of verbal or physical consent also does not constitute consent. Vulnerable persons cannot provide consent, such as those: in fear, sleeping, ill, deceased, handicapped, and having an inability to comprehend consent and sexual interactions (Cornell Law School, n.d.). The latter population would relate to children.

The term sexual consent has been recognized as an ethical and legal term among the general population (Simard, 2015). The implications and boundaries of sexual consent have been researched in addition to how it is understood among college students and other populations as a tool for education (University of Michigan, 2018). However, sexual consent has not been explored in relation to the population who violates that permission, more specifically, those who target children. Adult male CSOs have been of interest in many studies, such as how they become CSOs and correlating childhood experiences as the catapult for sexual offending behaviors in many cases. Yet, researchers have not addressed how CSOs perceive sexual consent in regard to sexual interactions, which is crucial to identifying cognitive distortions.

Understanding how a CSO views sexual consent can introduce more effective assessments and treatment services that may potentially assist in reducing the risk of recidivism. Researchers have found that males who have been sexually abused in

childhood are at risk of overlapping into adult sex offending behaviors, often due to guilt and shame that prevents the male child from disclosing the offense (Bourke, 2014; Levenson & Grady, 2016). The personality traits and cognitive distortions of this specific population have also been researched to comprehend how they develop thoughts and feelings, such as how schematic thought patterns evolve to justify a loss of control in life and are replaced by entitlement and a desire to regain power over another (Carvalho & Nobre, 2014). However, how CSOs use that mentality to validate inappropriate sexual behaviors has not been explored. Learning how CSOs' perceive permission to engage in sexual activity with a child addressed a gap in research.

In this chapter, I discuss the literature review strategies and the conceptual framework, which were the foundation of how the study was conducted. The literature review includes a summary of related topics and subjects of past research and studies that were relative to addressing the research problem. In the literature review, I identify key components of the study to guide the reader in better comprehension of the relativeness of the research. Limitations and benefits of the literature review are also presented as well as a summary and conclusion in which the gap being identified in the study is explained.

Literature Search Strategy

I used databases accessible through the Walden University Library to search for published articles and journals that were relative to the study. Databases were accessed by locating the subject resources concerning primarily psychology and occasionally nursing and criminal justice. The psychology databases used were PsycARTICLES; PsycINFO; Sage Journals; and Counseling and Psychotherapy Transcripts, Client

Narratives, and Reference Works. Other credible websites that address the concept of sexual consent, such as that of the University of Michigan, were also included in the literature search. Key terms used to conduct searches were: *sexual consent*, *child sex offenders*, *cognitive distortions of child sex offenders*, *personality traits of child sex offenders*, *childhood experiences of child sex offenders*, *sexual abuse and child sex offenders*, *victimization and child sex offenders*, and *thinking errors of child sex offenders*. The terms *pedophile* and *child molester* were also used interchangeably with the child sex offender to expand the search findings. Publications since the year 2014 were utilized for the research, which resulted in a small number of sources in key term areas, such as sexual consent.

Conceptual Framework

The phenomenon under study was sexual consent and how it is perceived by CSOs. The use of inductive theory applied to this study because it can be used to explain how the CSO population responds and rationalizes sexual behaviors towards children. More specifically, implicit theory was used to frame the study because it helped to explain viewpoints of how sexual consent is recognized by CSOs. Implicit theory refers to conclusions that individuals form of others based upon their own personal characteristics and experiences (Beauregard & Leclerc, 2007). In the present study, I gathered the perceptions of CSOs, while also identifying the traits and childhood histories that shape their thought processes. Implicit theory was also used to demonstrate the relationships between the CSOs' beliefs related to the phenomena of sexual consent and how the justifications of permission to engage sexual contact with a child are connected

to a cognitive distortion, which is the underlying schematic thinking that contributes to the structure of CSOs' implicit theories (see Carvalho & Nobre, 2014; Ward, 2000). The cognitive distortions of CSOs are the maladaptive views that comprise thinking errors, such as blaming, denying, justifying, minimizing, and rationalizing inappropriate sexual thoughts, feelings, and behaviors (Ward, 2000).

CSOs' cognitive distortions disrupt their ability to produce realistic perceptions of the world (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). Five specific implicit theories have emerged from CSOs' distorted thinking: child as a sexual being, nature of harm, dangerous world, entitlement, and uncontrollable (Ward, 2000; Ward & Keenan, 1999). These implicit theories relate to how the CSO views himself, his victim, and the world. Child as a sexual being refers to the CSO viewing the child as a person who desires sex; the child is also viewed as provocative as well as benefiting from the sexual experience with the CSO (Ward, 2000). The CSO also believes that the child is capable of understanding the concept of sex and knowingly and willfully gives permission to engage in sexual activity with an adult (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999).

The implicit theory of nature of harm is a belief that the child will not be harmed by the sexual activity in comparison to other situations that could promote harm (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). The CSO minimizes the degree of harm to the child in order to justify the sexual act with the child. CSOs also reflect on their own experiences of being sexually abused in childhood to rationalize the lack of harm towards their victim (Ward & Keenan, 1999).

The dangerous world belief determines that sexual activity with a child is safer than with another adult. Adults are viewed as dangerous and corrupt, whereas a child is innocent and incapable of being a dangerous person (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999).

The entitlement implicit theory identifies a status of superiority among the CSOs' mentality (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999; Yates, 2009). The belief is that others are beneath the CSOs, and the CSO is deserving of meeting his needs. This distortion of entitlement can develop from childhood sexual abuse experiences (Yates, 2009). The perception of entitlement can lead to sexually aggressive thoughts and behaviors (Yates, 2009). The sexually aggressive acts may outweigh the rational thought processes that address sexual consent. The need within the theory of entitlement is for a child to fulfill sexual gratifications (Marziano et al., 2006; Wood, 2000, Ward & Keenan, 1999).

Lastly, uncontrollable refers to the view that events of the world are out of an individual's control (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). This lack of control also contributes to a person's inability to control thoughts, feelings, and behaviors. Often, the perception of having a lack of control is related to uncontrollable events in life, such as childhood sexual abuse (Ward & Keenan, 1999). The CSO believes he has no control over his thoughts and feelings of children; therefore, the sexually offending behaviors towards the child are also uncontrollable (Marziano et al., 2006). CSOs will often blame their childhood sexual abuse as the reason for their sexual offending behaviors, believing their uncontrollable actions stem from having a lack of

control in the past (Ward & Keenan, 1999). The uncontrollable implicit theory is a denial of ability to regulate emotions and actions.

Another consideration of implicit theories of CSOs is moral awareness (Wurthmann, 2015). Moral behavior is viewed from two perspectives: (a) duty-based morality is an implicit theory of fulfilling an obligation or expectation that is deemed as ethical in society and (b) rights-based morality is the implicit theory of practicing respectful and righteous actions and perceptions of others based on the belief of doing what is right (Wurthmann, 2015). In short, duty-based morality is considered as what society deems as normal behavior, whereas rights-based morality is focused on the individual's perception of normal. When an individual neglects to fulfill personal duties or disrespects the rights of others, duty-based and rights-based violations occur (Wurthmann, 2015). Moral beliefs and behaviors can be recognized by an individual to make a decision that is morally and ethically considered. Based upon the previous explanations of CSOs' cognitive distortions, moral judgment is skewed concerning duty-based morality and leads to a rights-based violation of children. The acknowledgment of moral beliefs in accordance with implicit theories also applies to the CSOs' accounts of sexual consent and they determine righteousness when seeking permission to engage in sexual activity with a child.

Review of the Research

I conducted an in-depth search to retrieve studies relevant to CSOs' perceptions of sexual consent. Very little research has been reported related to sexual consent and CSOs. Most studies regarding sexual consent were related to the population of college students. I found a number of studies pertaining to the development of CSOs and why they offend, such as adverse childhood histories that contribute to negative traits and cognitive distortions. The current literature review assists in guiding the limited understanding of CSOs' perceptions of sexual consent because the lack of scholarly research did not provide concrete evidence that correlated to the perceptions of sexual consent and CSOs.

Sexual Consent

Sexual consent is the ethical and moral boundary that determines the difference between sexual assault and permissible sexual interaction (Rape, Abuse, and Incest National Network (RAINN), 2018; Simard, 2015). Sexual consent is not assumed because communication and comprehension of intent to engage in sexual activity is necessary (RAINN, 2018; Simard, 2015). Communication of sexual consent is displayed through verbal and nonverbal behaviors and can also be retracted at any time during the sexual engagement (RAINN, 2018). The potential sexual act should also be understood by the person giving consent. Affirmative consent indicates that permission to engage in sexual activity is understood, communicated, and comprehended by involved parties (RAINN, 2018; Simard, 2018). The consenter must have appropriate knowledge of sexual activity in order to give permission to the other party (RAINN, 2018). Sexual consent must be freely given without threat, manipulation, or coercion to engage in the

sexual activity (RAINN, 2018). Persons providing the sexual consent must also have the capacity and legal ability to extend that permission. All states in the United States have different laws that pertain to age of sexual consent with adults and minors, varying between the ages of 16 and 18 years old (Age of Consent, 2018). Other factors included in legal sexual consent are developmental and/or physical disability, mental illness, consciousness, intoxication, and vulnerability (RAINN, 2018).

According to recent research, society has become more liberal with consent (Jahnke & Malón, 2018; Simard, 2015). Young individuals are permitted to provide consent for research and medical and mental health treatment but not for sexual consent; yet, sexual consent has been evolving into a personal choice when seeking sexual needs of pleasure, happiness, and power (Jahnke & Malón, 2018; Simard, 2015). The need for sexual gratification outweighs the moral and social recognitions (Jahnke & Malón, 2018; Simard, 2015). This ideology towards personal indulgence is a problem when addressing the profile of the persons involved because consideration of the other individual's sexual wants and needs can be overlooked and dismissed. Parties engaging in the sexual interactions must possess moral reasoning and judgment (i.e., the person must have the ability to make a conscious and well-informed decision when agreeing to partake in the sexual exchange). Studies have addressed the increase of sexual and physical maturity in younger populations, which is a problem because of the lack of moral and legal awareness (Jahnke & Malón, 2018; Simard, 2015). The innocent mentality of vulnerable youths increases the target population of CSOs when seeking sexual consent from a child

who is not legally or morally capable in providing that permission (Jahnke & Malón, 2018).

Disregard of sexual consent has been recognized in males since adolescence (Glowacz, Goblet, & Courtain, 2018). Often, the dismissiveness of sexual consent has been correlated to victimization in childhood (Glowacz et al., 2018). Adolescent males are more prone to engage in nonconsensual sex than females (i.e., adolescent males will use coercion, threats, or manipulation for sexual interactions with a same-age female despite unwillingness and resistance by the female (Glowacz et al., 2018). Sexual consent among adolescent males has been regarded in recent studies as an internal mentality that contributes to the onset of cognitive distortions towards self-permissive behaviors (Carvalho & Nobre, 2014; Glowacz et al., 2018).

Skills and behaviors of sexual coercion have been identified by researchers but conceptualization of coercion, sexual consent, and mutual agreement to partake in sexual activities has not been explored. Sexual consent among adolescent males is often gained through sexual coercion (Glowacz et al., 2018). Sexual interactions that are influenced through coercion can be conducted through pressure, threats, manipulation, force, or illicit substances (Carvalho & Nobre, 2014; Glowacz et al., 2018). Harassment and ridicule are other behaviors of sexual coercion among male adolescents that cause the victim to engage in unwanted sex (Glowacz et al., 2018). Touching another person without his or her consent is the most common sexually inappropriate behavior of adolescent males (Carvalho & Nobre, 2014; Glowacz et al., 2018). Based on the research of sexual consent and coercion among adolescents, young males who are victimized and

tolerate sexual abuse by adult males are more likely to perpetrate in adulthood (Carvalho & Nobre, 2014; Glowacz et al., 2018). Although studies address how adolescent males obtain sexual consent, understanding how this population perceives their victim may also contribute to learning attitudes and knowledge of sexual consent (Glowacz et al., 2018).

Male victims of childhood sexual abuse are among the highest risk to become CSOs (Bailey et al., 2016; Boillat et al., 2017; Levenson & Grady, 2016). Male youth who endure sexual molestation in childhood can learn to imitate distorted thoughts and behaviors of their perpetrator (Abbiati, Mezzo, & Waeny-Desponds, 2014; Grady, Levenson, & Bolder, 2017). But there is no direct explanation of how the victim can also develop distorted thoughts of sexual consent into adulthood. Victimized adolescents can develop a need for control and power to compensate for their inability to defeat their childhood abuser (Grady et al., 2017). Another development is the distorted perception of a permissive relationship between child and adult, which also evokes sexual arousal (Grady et al., 2017; Houtepen, Sijtsma, & Bogaerts, 2016). However, how sexual arousal specifically triggers sexual consent has not identified in research. Thoughts and behaviors of sexual offending are learned through childhood sexual abuse but studies lack how sexual consent is developed by the adolescent male victim. Without intervention or understanding of sexual consent and appropriate sexual education, victims can evolve into adult offenders (Glowacz et al., 2018).

Child Sex Offenders

Society often views sex offenders as a general population, encompassing all sex offenders into one category (Harris & Socia, 2016). According to research, the public

also typically views all sex offenders as untreatable and a high risk to reoffend (Harris & Socia, 2016). The legal standard of a sex offender is a person who has been lawfully convicted of a sexual crime (Legal Information Institute, n.d.). A sex crime pertains to: rape, attempts to sexually violate or harass another person, sexual abuse of a child, production or distribution of illicit pornography, possession of child pornography, or other paraphilia behaviors that are considered illicit (Gooren, 2016; Legal Information Institute, n.d.).

Sex offenders are traditionally classified in accordance with the type of victim or particular crime (Simons, 2017). Rapists victimize other adults, older adult sex offenders victimize elderly persons, and child sex abusers victimize other children (Browne, Hines, & Tully, 2018; Simons, 2017). Female sex offenders are female perpetrators, and internet sex offenders pertain to the passive means of accessing victims through social media or other online sites (Browne et al., 2017). Research has further classified the categorized sex offenders within subcategories of the mentioned typologies. The present study was exclusively viewing the perspectives of adult male CSOs; therefore, descriptions and details of CSO typologies were explored.

A CSO is a person who is convicted of committing a sexual offense against a child (Browne et al., 2018). CSOs comprise child molesters and pedophiles that have been arrested, charged, and convicted of a sex crime towards a child. A sexual offense against child is usually forced or coerced. When coercion is used, CSOs attempt to form a relationship with the child victim in order to gain trust. The trust can lead to perceptions of sexual consent; however, studies have not explored connections between trust and

sexual consent among CSOs. Characteristics of CSOs are unique (Browne et al., 2018). According to research, CSOs possess external traits of dysfunctional social skills, relationships, and perceptions of others (Massau et al., 2017; Sigre-Leirós et al., 2016; Simons, 2017). CSOs also possess internal negative aspects of poor self-images, low self-esteem, and worthlessness (Massau et al., 2017; Sigre-Leirós, et al., 2016; Simons, 2017). And, CSOs are not necessarily attracted to their victims (McKillop et al., 2016). Two different types of CSOs are identified in the present study, child molesters (nonpedophiles) and pedophiles.

Among CSOs are child molesters. A child molester can have a deviant sexual interest in children, typically under the age of 13 (Simons, 2017). However, the sole sexual interest in children is not always prevalent in child molesters (Blasko, 2016; Simons, 2017). Researchers have created classifications of child molesters in two categories, and six subcategories (Blasko, 2016). Child molesters are divided into preferential and situational classifications. Preferential, or fixated, child molesters are CSOs who solely desire sexual interactions with gender-specific children and target a potential victim; whereas, situational child molesters will engage in sexual activity with children and adults (Blasko, 2016).

Of preferential child molesters, subcategories are designated by behaviors: manipulative, introverted, and sadistic (Blasko, 2016). The manipulative child molester possesses a sole attraction to the child and uses coercion over a long period of time to minimize resistance from the child when the sexual encounter occurs (Blasko, 2016). An introverted child molester also has an exclusive sexual interest in children but lacks the

social and communicative skills to manipulate the child; therefore, uses nonverbal sexual contact through passive actions of inappropriate touching (Blasko, 2016). If the child does not become defensive, the sexual contact may increase in frequency and physical invasiveness. And, a sadistic child molester seeks sexual arousal and stimulation when inflicting pain on a child (Blasko, 2016). The sadistic child molester uses force, while also having a primary sexual interest in the child (Blasko, 2016).

The other category of child molesters, situational, also has three subcategories pertaining to behavior: inadequate, indiscriminate, and experimentation (Blasko, 2016). The inadequate child molester has a sole sexual attraction to age-appropriate adults but lacks the social skills and self-esteem to pursue a meaningful relationship with an adult. The inadequate child molester will then seek sexual fulfillment in a child (Blasko, 2016). An indiscriminate child molester subjects a child to multiple types of abuse, such as: physical, emotional, mental, and sexual (Blasko, 2016). The personal gain is not sexual satisfaction because the gratification is in the form of abuse. And, the experimentation child molester fulfills boredom by sexually abusing a child (Blasko, 2016).

CSOs are child molesters but not all are pedophiles (Simons, 2017). Pedophilia is a psychological disorder, diagnosed as pedophilic disorder in the American Psychological Association's Diagnostic and Statistical Manual, 5th edition (American Psychological Association, 2013; Massau, 2017; Simons, 2017). The diagnosis recognizes an intense, ongoing sexual interest in prepubescent children by adults (Blagden, Mann, Webster, Lee, & Williams, 2017; Massau, 2017; Simons, 2017). The sexual interest can overshadow responsibilities, leading to distress and sexual crimes against children

(Massau, 2017). Pedophiles can have a pedophilic diagnosis, but not break the law in committing a crime against a child (Simons, 2017). This population is also aware of how their distorted interest in children affects others (Blagden et al., 2017). Pedophiles are strongly related to the mentioned category of preferential child molesters, but additional factors are necessary when classifying someone with a disorder of pedophilia. A pedophile does not have to engage in child sexual abuse to be classified as a CSO. For example, a pedophile who watches child pornography is not directly causing harm to the child but is committing a sexual offense by viewing the illegal material. According to research statistics, pedophiles who do offend have a higher probability of reoffending in comparison to other CSOs (Blasko, 2016; Massau, 2017; Simons, 2017).

Childhood Experiences that Impact Development

Many studies have identified that childhood experiences can influence thoughts and behaviors in adulthood (Abbiati et al., 2014; Glowacz et al., 2018; Grady et al., 2017; Houtepen et al., 2016; Levenson & Grady, 2016). However, the conceptualization of sexual consent in regard to an adverse childhood has not been explored. Unhealthy childhood environments or trauma have the potential to impact cognitions, traits, and behaviors of individuals victimized by, or exposed to, an adversity. Unhealthy effects of adverse histories should impact perceptions of sexual consent, which would aid in recognizing potential sexual offending behaviors. Those affected by more than one negative childhood experience are at a greater risk of increased social and psychological issues (Abbiati et al., 2014). Studies have proven that adverse childhoods have contributed to physical and mental health issues through the developmental lifespan

(Abbiati et al., 2014; Boillat et al., 2017; Levenson & Grady, 2016). Trauma, neglect, abuse, and dysfunctional home environments are elements of adverse childhood experiences that can lead to adult criminal activity, including sexual offending behaviors (Grady et al., 2017; Levenson & Grady, 2016).

In regard to family dynamics, attachment theories have explained the relationship between caregiver and child contributes to the behaviors and belief systems of the child (Grady et al., 2017). Attachment signifies the healthy bond of meeting the child's need, while also instilling a sense of safety and security for the child. The attachment style can predict the outcome of behavioral patterns of the child as an adult (Grady et al., 2017; McKillop, Brown, Smallbone, & Wortley, 2016). An attachment that lacks an emotional connection may cause the child to develop selfish and impersonal relationships as an adult. The detached role in the relationship stems from the childhood adversity of the insecure attachment style. Reconciliation and acceptance of the adverse childhood can promote tolerant behaviors, such as engagement of non-consensual sex. The insecure attachment style can develop in victimization of sexual abuse as a child, instilling the omission of emotions and healthy connections with others. This pattern of detachment has been connected to adult sex offending, in addition to types of sexual crimes and choice of victims (Abbiati et al., 2014; Grady et al., 2017). The preoccupied/anxious attachment style has been largely associated with child sex offenders (Grady et al., 2017; McKillop et al., 2016). This insecure attachment type has provided insight of CSOs who seek to reconfigure issues from their adverse childhood by compensating the unhealthy experiences with sexual deviance (Grady et al., 2017; McKillop et al., 2016). This finding

may also suggest that the compensation sought by the CSO contributes to how sexual consent is construed; thus, following through with sexually offending the child.

Among caregiving roles and situations related to attachment theory issues are family dynamics (Abbiati et al., 2014; Grady et al., 2017; Levenson & Grady, 2016). Single parents, or unmarried parents, pose a greater risk to their child being susceptible to emotional neglect because of physical absence and increased responsibilities (Grady et al., 2017; Levenson & Grady, 2016). The child of this parenting situation may be perceived as vulnerable, while also seeking attention and nurturing from adults; thus, a potential target for CSOs. A parent's reliance on others, especially strangers, to care for their child creates an exposed environment of heightened risk of sexual abuse (see Grady et al., 2017; Levenson & Grady, 2016). Sexual abuse is the most common childhood adversity that leads to sexual deviance and sex offending behaviors among CSOs in comparison to other sex offenders and non-sex offenders (Bailey, Bernhard, & Hsu, 2016; Boillat et al., 2017). The sexual deviance may also be correlated to omission of sexual consent but it has not been studied thus far. Sexual victimization promotes the beginning of cognitive distortions that can lead to sexual offending, especially towards children (Houtepen et al., 2016; Levenson & Grady, 2016, Sigre-Leirós, Carvalho, & Nobre, 2016b).

In addition to relevant research, violence expressed by parents towards one another, or to the physical or sexual abuse of the child, has also been a contributing factor towards sexual offending based on the development of psychological issues (Abbiati et al., 2014; Boillat et al., 2017; Grady et al., 2017). Gender of parents studies pertaining to

sex offenders have concluded that rejection and neglect by fathers contributed to hypersexual activity; whereas, maternal figures are perceived to be loving and kind but with blurred boundaries within the parent-child relationships (Abbiati et al., 2014; Kingston, Graham, & Knight, 2017; McKillop et al., 2016).

Sexual abuse of a male child by a paternal figure can lead to feelings of guilt, shame, rejection, and isolating behaviors (Bourke, 2014; Kingston et al., 2015; Levenson & Grady, 2016). The child can perceive the mother's sexual abuse as normal and accepted due to trust and love towards that maternal figure (Bourke, 2014; Levenson & Grady, 2016). The child can grow up believing that a child-adult sexual relationship is appropriate and rational. Therefore, as an adult the CSO seeks out affection and intimacy in children (Graham & Knight, 2017; McKillop et al., 2016). Sexual consent from the child may be assumed by the CSO but studies are limited in clarifying this distorted thought. Yet, some pedophiles have reported an extreme opposite account from maternal caregivers, such as emotional disconnect (Sigre-Leirós et al., 2016a). In short, research has demonstrated that certain adverse childhood experiences can lead to the development of unhealthy characteristic and perceptions into adulthood that create the profile of the CSO. However, studies have not ventured deeper into how the CSO formulates the ability to follow through with sexual abuse towards a child, such as how consent permits the offending actions.

Traits Resulting from Childhood Sexual Abuse Experiences

Comprehending the specific traits and characteristics of CSOs may provide greater connections to how they conceptualize sexual consent. According to research,

traits and characteristics in childhood are often altered when victimized or exposed to trauma, such as sexual abuse (Houtepen et al., 2016; Levenson & Grady, 2016; Sigre-Leirós et al., 2016b). The adverse experiences in childhood have been correlated to juvenile delinquency and criminal activity, including sex offending behaviors (Levenson & Grady, 2016; McCuish & Lussier, 2017). Sex offending behaviors often develop as a result of various characteristics that emerge from traumatic childhood experiences and manifest into psychosocial issues in adulthood (Levenson & Grady, 2016). Studies show that sex offenders who were sexually violated or traumatized in childhood often repress affect and later rationalize or minimize the trauma; therefore, they identify with a lack of emotion towards others and justify the offensive behaviors (Abbiati et al., 2014). This concept is significant towards understanding a CSOs perception of sexual consent as trauma and sexual offending are rationalized; thus, suggesting that sexual consent may also be justified. However, research has not specifically addressed this aspect. Internal perceptions of the self may be poor and relationships with others may be dysfunctional or nonexistent. CSOs often develop poor self-esteem, shame, and feelings of worthlessness as a result from childhood adversities (Blagden et al., 2017; Houtepen et al., 2016; Sigre-Leirós et al., 2015, 2016a, 2016b). These feelings may also factor into the CSOs rationalization of sexual consent, which needs to be explored in order to provide more effective treatment services for both victims and offenders.

Sex offenders typically develop negative traits from poor attachment styles (Abbiati et al., 2014; Levenson & Grady, 2016; McKillop et al., 2016; Sigre-Leirós et al., 2015, 2016b). Vulnerability, insecurity, and intimacy deficits develop when emotional

needs are neglected in the early stages of life (Levenson & Grady, 2016). Unhealthy attachment styles also cause isolating behavior and social ineptness (Levenson & Grady, 2016; Sigre-Leirós et al., 2015). In adulthood, sex offending behaviors manifest to attain the unmet needs that were neglected in an unhealthy attachment. Sex offenders develop coercive, deviant, and aggressive traits to fulfill the neglected relationship. Yet, correlating that attachment style to the offender-victim relationship may also guide perceptions of the victim as a sexual object; thus, omitting the important relevance of sexual consent. Other traits of sex offenders that progress from this adversity are selfishness, dismissiveness, rejection, and belligerence (Grady et al., 2017; Levenson & Grady, 2016; Sigre-Leirós et al., 2015). And, CSOs will seek out children when addressing the lacking attachment for ease of acceptance, trust, and a feeling of being loved (Grady et al., 2017).

Other traits of aggression stem from childhood abuse (Levenson & Grady, 2016; McCuish & Lussier, 2017). Defiance and avoidance often result from abuse in childhood. Victims can learn tolerance of poor boundaries, resulting in the interest or acceptance of adult-child sexual interactions (Levenson & Gray, 2016). Because abuse can be processed as feelings of shame or guilt, it can also enhance secretive behaviors that evolve into passive and deviant characteristics, such as sex offending (Carvalho & Nobre, 2016; Grady et al., 2016; Sigre-Leirós et al., 2015). The passivity of deviant thoughts and behaviors is not identified in how CSOs regard sexual consent but may be a component to self-permission in following through with sex offenses towards a child. Victims of childhood abuse also tend to feel powerless, which can increase the desire for power and

control through adult sex offending (Grady et al., 2016). Hypersexuality and fluctuating sexual moods in males can also result from childhood abuse, especially when the abuse is perpetrated by the paternal figure (Kingston et al., 2015). In particular, childhood sexual abuse can result in all of the mentioned traits, in addition to neuroticism and memory problems (Boillat et al., 2017; Houtepen et al., 2016). Neurotic traits of CSOs are attributed to nervousness, restlessness, anxiety, and emotional instability (see Boillat et al., 2017; Houtepen et al., 2016). The neurotic personality is also correlated to rationalizations of sexual consent when engaging in sex with a child (Boillat et al., 2017; Houtepen et al., 2016).

Pedophiles also may present the mentioned antisocial traits and self-esteem issues; however, this specific population also possesses a strong sexual interest in children because not all CSOs have an attraction to children (McKillop et al., 2016). Another neurotic characteristic typically associated with pedophiles is the fear of being stigmatized by labels that direct attraction to children, which increases anxiety and depression (McKillop et al., 2016). This internal issue contributes to a negative self-identity and meaningless relationships with age-appropriate partners (McKillop et al., 2016). Alleviation of depression and increased self-esteem is gained when a child gives attention to the pedophile. This interaction increases the risk of sexual offending behaviors towards the child; thus, creating a CSO of the pedophile (McKillop et al., 2016).

Many internal and external traits can evolve as a result of traumatic childhood experiences (McKillop et al., 2016). Research has explored and identified the

development of those traits, in addition to the factors that are specific to sexual offending. Yet, characteristics that correlate to sexual consent appear to be absent (McKillop et al., 2016). The CSOs perceptions of sexual consent and the traits contribute to that mindset are important in understanding the sexual offense towards children.

Cognitive Distortions that Rationalize Sex Offending Behaviors

An ongoing area of research is the exploration of cognitive thinking styles in relation to sex offending behaviors (Bailey et al., 2016; Carvalho & Nobre, 2014; Houtepen et al., 2016; Mihailides, Devilly, & Ward, 2016; Paquette, Cortoni, Proulx, & Longpre, 2014), but not towards sexual consent. Studies have learned that cognitive factors, such a schemas and cognitive distortions, are key elements in directing appropriate and effective assessments and interventions for sex offenders (Abbiati et al., 2014; Carvalho & Nobre, 2014). Schemas are the perceptions developed by sex offenders based on structured thoughts of the self, others, and the world. Cognitive distortions are the thinking errors used by the sex offender that deter accountability and responsibility for sexually offensive behaviors (Abbiati et al., 2014; Bailey et al., 2016; Carvalho & Nobre, 2014; Paquette et al., 2014). The schema, or implicit theory, is the structure of the cognitive thoughts; whereas, the distortions are underlying factors that support the maladaptive thinking processes (Carvalho & Nobre, 2014). The omission of accountability and responsibility may be directly related to the CSOs perceptions of sexual consent but is lacking in current research. For example, CSOs may place blame on their inability to control their actions, dismissing responsibly of sexual consent (Abbiati et al., 2014).

Schemas of CSOs have been discovered as dysfunctional and maladjusted (Carvalho & Nobre, 2014; Sigre-Leirós et al., 2015, 2016b). Schematic thinking of CSOs are developed as a result of adverse childhood experiences, including sexual trauma, and attributed to unhealthy characteristics and personality traits (Carvalho & Nobre, 2014; Sigre-Leirós et al., 2015, 2016b). Poor attachment styles have been determined as a common onset of the schemas (Abbiati et al., 2014; Carvalho & Nobre, 2014; Sigre-Leirós et al., 2015, 2016b). Childhood neglect contributes to thoughts of being invaluable and insignificant. CSOs perceptions of the self and world are also similar to how they view their victim. More specifically, CSOs view themselves as victims with self-perceptions of worthlessness, apathy, and powerlessness in the world. The maladaptive thoughts trigger abnormal or inappropriate behaviors, such as sexual abuse towards a child (Carvalho & Nobre, 2014; Sigre-Leirós et al., 2015, 2016b) with disregard to the child's lack of knowledge or capability of sexual consent. And, the CSO will often believe that the child wants to engage in sex, misinterpreting the behaviors of the child that lead to the sexual offending behaviors (Carvalho & Nobre, 2014). This crossover from perception of the child victim to sexual actions towards that child is the cognitive distortion that misconstrues sexual consent (Mihailides et al., 2016).

According to research, CSOs' early maladaptive schemas (EMSs) are common themes that emerge based on emotional dysregulation, social deficits, and behavioral issues (Carvalho & Nobre, 2014; Sigre-Leirós et al., 2015, 2016b). EMSs appear to be critical in learning how sexual offending is permissive to the CSO, but researchers have not linked sexual consent to the offending behavior. The schemas explain cognitive styles

and the objective view of CSOs in regard to obstacles and crossroads in life (Carvalho & Nobre, 2014). EMSs have not yet been fully explored in examining individual perceptions of CSO worldviews but are underlying in CSO implicit theories (Carvalho & Nobre, 2014). EMSs are shaped from infancy and throughout childhood, and primarily influenced by childhood trauma, family dynamics, and unmet needs. CSOs will fulfill their needs by EMSs that validate sexual interactions with children. And, the influences from family dynamics and childhood sexual abuse histories may shape EMSs regarding sexual consent.

Among childhood experiences, sexual abuse has been the most common adversity found among adult male CSOs (Sigre-Leirós et al., 2015). The impact of the sexual abuse has been correlated to vulnerability, which is an aspect of EMSs (Sigre-Leirós et al., 2015). The vulnerability factor stems from psychological issues and personality traits of emotional deficits, social ineptness, and unhealthy behaviors. Among EMSs, domains have been categorized as: disconnection/rejection; impaired autonomy/performance; impaired limits; other directness; and, over vigilance/inhibition (Sigre-Leirós et al., 2015). Domains aid in understanding the mindset and actions of the CSO and can further suggest implications of sexual consent with additional research. The disconnection/rejection domain is the schematic thought that healthy bonds and relationships are impossible to be formed; therefore, they are resisted (Sigre-Leirós et al., 2015).

CSOs also seek out unhealthy and distorted sexual relationships with children, dismissing any moral, ethical, or legal aspect of sexual consent (Carvalho & Nobre, 2014;

Sigre-Leirós et al., 2015). Social isolation becomes the preferred behaviors of the CSO, as opposed to integrating with age-appropriate peers. This action lends permissive behaviors of sexually engaging with children, which may also correlate to sexual consent regarding distortions of sexual consent. Individuals with an impaired autonomy/performance domain struggle to act independently and tend to rely on others for decisions-making abilities and influence of behaviors (Carvalho & Nobre, 2014; Sigre-Leirós et al., 2015). Perceived acceptance from a child may be connected to the CSOs concept of sexual consent, believing the child made a decision to partake in sexual interactions (Carvalho & Nobre, 2014; Sigre-Leirós et al., 2015). If this is true, the CSO can dismiss accountability and potentially place blame on the victim.

The impaired limits domain of EMSs identifies the practice of poor boundaries in relation to regulation of thoughts and behaviors (Sigre-Leirós et al., 2015). This specific EMS also correlates to the lack of mutual understanding and appreciation in regard to other persons. The impaired limits may also disregard boundaries related to sexual consent. The domain of other directness refers to schematic thinking that approval is constantly needed from others, while neglecting internal confidence (Sigre-Leirós et al., 2015). This EMS can also prompt attention-seeking behaviors, such as seeking attention from a child. The attention may override any thoughts of legal sexual consent, which in turn facilitates the sexual offense. The vigilance/inhibition domain is the suppression of emotions and urges (Sigre-Leirós et al., 2015). The suppressive abilities enhance the ability to be manipulative and calculating (Carvalho et al., 2014; Sigre-Leirós et al., 2016b, 2015), such as the ability to justify, minimize, or rationalize a sex offense towards

a child. Research states that EMS domains are linked to thought processes that can contribute to sexual offending behaviors (Sigre-Leirós et al., 2015). However, the suggestions of how sexual consent may be relevant to the illegal sexual actions can assist in producing more effective interventions; therefore, reducing risks of sexual harm to a child.

Comprehending schematic thinking of sex offenders has been valuable to researchers but identifying the correlations of sexual consent to the schemas would increase the value to future studies. The schemas of CSOs are underlying thought patterns framed into their implicit theories of viewing children as sexual beings and the world as a dangerous place; feeling entitled to commit the sexual act against the child, perceiving the desire to engage sexually with the child as uncontrollable, and minimizing that nature of harm to the child (Bailey et al., 2016; Bartels & Merdian, 2015; Carvalho et al., 2014; Mihailides et al., 2016; Paquette et al., 2014; Sigre-Leirós et al., 2015, 2016b). Based on the presented schemas, CSOs appear to believe that the child wants to have sex with them and the child is not harmed during the sexual offense; thus, self-permitting the sexual behaviors and omitting the legal and moral sanctions of sexual consent. These cognitive schemas assist with understanding the sexual thought patterns and constructs developed by CSOs and how the cognitive distortions within the EMSs justify their sexually inappropriate behaviors towards children (Bailey et al., 2016; Sigre-Leirós et al., 2016b). Cognitive distortions of justification, minimization, and rationalization provide the interpretative framework for understanding the implicit theories of CSOs (Blagden, 2017; Mihailides et al., 2016). The cognitive distortions promote the motivation to sexually

offend (Mihailides et al., 2016), and the motivation may be influenced by the distortions of sexual consent.

Cognizance of Actions

Studies have shown that CSOs are aware of their sexual risk factors towards children and can identify when the sexually deviant interests in children developed (Blagden, 2017; Houtepen et al., 2016). Therefore, CSOs are cognizant of their actions when committing a sexual crime against a child. Most adult male CSOs develop a sexual interest in children during puberty and maintain that interest into adulthood (Blagden, 2017; Houtepen et al., 2016). Often, CSOs with a sexually deviant interest in children recognize that the interest is wrong and accept the cognitive discord as a part of his identity (Blagden, 2017). CSOs also believe that their sexual interest in children is a biological or a genetic condition; not a choice (Blagden, 2017; Houtepen et al., 2016). CSOs also correlate their social isolation to their sexual interest in children, believing they are automatically shunned by society because of their deviant interests (Blagden, 2017; Mihailides et al., 2016). This perception leads to feelings of rejection and shame, and also contributes to the cognitive distortion of blaming others for not helping them with their deviant thoughts and actions. The belief of lack of support increases the risk of sexually offending and recidivism. The use of cognitive distortions in relation to their belief systems signifies that CSOs are cognizant of their sexually offending actions (Blagden, 2017; Houtepen et al., 2016).

Some CSOs will acknowledge an attraction to children on an intimate level, deeming the feelings as being in love with a child and disregarding the abnormality of a

child-adult sexual relationship (Houtepen et al., 2016). This perception also preys on the child's vulnerabilities but is not addressed in the research. CSOs will often seek out children to establish relationships with them or find a way to engage in frequent interaction, despite awareness that the deviant efforts are wrong (Houtepen et al., 2016). The strong sexual and emotional attachment to children in coordination with the lack of age-appropriate social interactions is correlated to the permissive attitudes of having sex with children (Bailey et al., 2016). Neurotic behaviors also influence self-permission to engage in sexual acts with a child (Boillat et al., 2017). The neurotic traits, typically developed as a result of sexual abuse in childhood, enable the CSOs' rationalization to continue the cycle of abuse in adulthood (Boillat et al., 2017). Neuroticism appears to connect traits to permissive sexual acts with children. However, studies have not directly explained how sexual consent is recognized by the CSO possessing the neurotic trait.

Studies have also shown that CSOs can determine their sexual offense as abuse but the perception is based on age differentiation (Bennett, Lowe, & Petrova, 2014; Houtepen et al., 2016). Other perceptions pertaining to the awareness of sexual abuse have not been addressed, such as how the CSOs' lack of sexual consent impacts the both the actions and the child. Acknowledgment that the child is unwilling to partake in the sexual act is overlooked by the offender (Houtepen et al., 2016). Therefore, sexual consent is not addressed, despite understanding that the child is not legally or morally capable of providing that consent (Jahnke & Malón, 2018). Conscious hesitation has also been a preemptive action of sexual offending when the CSO is aware that the victim is not of consensual age (Bennett et al., 2014). Therefore, CSOs are aware that their

sexually deviant interest in children is wrong; yet, the interest is acted upon by developed cognitive distortions that justify, rationalize, or omit sexual consent.

Literature Review in Relation to Methodology

Past studies that address insight into CSOs thought processes and behaviors have utilized IPA (Watson, Harkins, & Palmer, 2016; Winger & Gough, 2010). A study by Winger and Gough (2010) exploring the perceptions of sex offenders engaged in child sexual abuse imagery used IPA to gain insight of how the sexual offenses are rationalized. The outcome of study founded themes that denied victimization of children and being labeled as a sex offender and minimization of accountability (Winger & Gough, 2010). Another study explored the experiences of sex offenders who denied their offenses and how denial impacts treatment for their offenses (Watson et al., 2016). IPA analyzed the experiences of being in treatment and revealed themes of feeling safe and benefiting from the treatment experiences. Therefore, denial did not appear to impact experiences in a treatment program (Watson et al., 2016). These studies represent the effectiveness of using IPA as tool in exploring perceptions and experiences of sex offenders to enhance insight of how they view their sexually offending behaviors.

Summary and Conclusions

In summary, the presented studies have shown how sexual offending behaviors manifest from childhood into adulthood. However, very little research has explored how sexual consent develops through the lifespan, in addition to how it is conceptualized by CSOs. Correlations are found between adverse childhoods and sexually offending behaviors towards children, as traits, cognitions, and behaviors become distorted based

on childhood histories (Abbiati et al., 2014; Houtepen et al., 2016; Levenson & Grady, 2016; Sigre-Leirós et al., 2015). Yet, how CSOs perceive sexual consent in connection to the abusive behaviors is lacking. In short, the internal and external factors developed through adversity contribute to the sexual offending. However, the pivotal and most crucial aspect of self-permission that omits sexual consent has not been explored. Connecting the specific childhood events and developed outcomes to child sex offending helped in targeting how the distorted thought patterns lead to the self-permission of sexually harming a child (Grady et al., 2017).

The review of literature was useful in providing a foundation of contributing factors towards CSO behaviors, which provided deeper insight into comprehending the perceptions of CSOs regarding sexual consent. This study filled the gap of identifying how sexual consent is perceived by the CSO. It explored the preemptive thought processes and contemplations that occur prior to the offending behaviors towards the child. Understanding the cognitive distortions that impact sexual consent can potentially assist in navigating behaviors that deter sexual offending and decrease recidivism. The following chapter explains the research design and methodology used in conducting the study. It also discusses the role of the researcher and the impact of trustworthiness in regard to the research.

Chapter 3: Methodology

Introduction to Methodology

Sexual consent of CSOs is an area that has not been explored in regard to sexually offending behaviors. Research has correlated the adverse histories and distorted thoughts of CSOs to sexually offending behaviors (Levenson & Grady, 2016; Sigre-Leirós et al., 2016). However, researchers have not specifically addressed how CSOs transfer the deviant thoughts into sexual abuse, such as the perception of sexual consent. The purpose of this study was to understand how sexual consent is conceptualized by CSOs, which also provided insight into CSOs' ability to rationalize sexual offending behaviors. The study was framed by the implicit theories of CSOs pertaining to sexual consent, including child as a sexual being, entitlement, dangerous world, uncontrollable, and nature of harm (see Marziano et al., 2006; Walton et al., 2017). In this study, semi structured interviews were conducted with CSOs and IPA was used as the methodology.

This chapter is focused on the methodology of the study. I explain the research design and rationale first. A discussion of the role of the researcher follows; then, the plan for data collection is presented. Issues of trustworthiness are then addressed, and the chapter concludes with a summary.

Research Design and Rationale

The following two research questions guided this study:

RQ1: How is sexual consent influenced by childhood sexual abuse among adult male CSOs?

RQ2: How do CSOs perceive a child's ability to provide sexual consent?

Phenomena of Study

In this study, I focused on CSOs' perceptions of sexual consent while also exploring the cognitive distortions and adverse childhood experiences that influenced their conceptualization of sexual consent. The term CSO was defined as an adult male who has sexually offended against a child, was found guilty by a court, and was subsequently incarcerated for the sex crime.

Sexual consent is the mutual agreement of two parties to engage in sexual interactions (Beres, 2014). Sexual consent must also be provided by a legal-aged person; children are not permitted to give sexual consent under any circumstances legally and do not possess the mental capacity to understand sex and consent (Beres, 2014). Sexual consent is not assumed and can be expressed verbally or nonverbally through behavior (Beres, 2014). CSOs have engaged in sexual interaction with children; therefore, a perception of sexual consent led to the occurrence of the sexual activity. The focus of this study was on the conceptualization of sexual consent by CSOs.

According to research, sexual consent is defined differently dependent upon legal and scholarly perspectives (Beres, 2014). Legal definitions explain sexual consent as the agreement of two parties who are equally capable of providing consent for sexual interactions (Beres, 2014). That capability refers to the legal age, mental capacity, and comprehension of sex (Beres, 2014). The law also addresses how sexual consent is exchanged and understood between both parties (Beres, 2014). Legal systems consider factors of sexual consent, such as assumptions and implications, and coercion, and force (Beres, 2014).

Scholarly definitions indicate that sexual consent is a mutual agreement to partake in sexual activity without the use of coercion or force (Beres, 2014). This aspect of unwanted sex by parties who feel obligated to engage in sex out of fear, obligation, diminished mental capacity, and/or other reasons support unwillingness to partake in the sexual activity (Beres, 2014). Scholarly works regarding sexual consent also explore the verbal and nonverbal communications that eliminate assumptions of sexual consent (Beres, 2014). Academic research has also investigated gender differences in presentations of sexual consent as well as the internal thoughts related to sexual consent, whereas the legal view of consent relates to specific context and facts as opposed to exploring the details of how and why sexual consent may be interpreted differently (Beres, 2014). However, CSOs' perspectives of sexual consent have not been explored in scholarly research.

Research has supported that adverse childhood experiences and cognitive distortions can lead to sexual offending behaviors (Abbiati et al., 2014; Grady et al., 2017). However, the pivotal moment concerning the transition from possessing a deviant thought to acting on it has not been studied. That moment is the recognition of sexual consent. Because sexual offending behaviors are deemed as criminal activities by the law, sexual consent is lacking. The adverse history of CSOs may influence the distorted thoughts that contribute to their perceptions of sexual consent.

Research Method

This study was qualitative in approach with phenomenological design. More specifically, I used IPA as the approach to gain insight into the phenomenon of CSOs' conceptualization of sexual consent. IPA is used to understand how people perceive the world based on personal life experiences (Burkholder, Cox, & Crawford, 2016; Pietkiewicz & Smith, 2014). Through IPA, researchers can learn how others present various viewpoints of one common phenomenon (Burkholder et al., 2016). IPA helps frame a study based on the subjective experiences of individuals as opposed to the objective application of describing, categorizing, and explaining a phenomenon (Pietkiewicz & Smith, 2014).

IPA focuses on three particular aspects in gaining the true-life experiences of participants (Jeong & Othman, 2016). Primarily, the purpose of IPA is to learn the participants' individual experiences and how they relate to the phenomenon of interest, including the judgments, beliefs, and memorable events of their life. IPA is also used to explore how the responses and reflections are associated to the inquiries of the study (i.e., the participants' accounts must contribute to an emergence of common themes and patterns among the study inquiries; CITE). The final principle of IPA is the interpretation by the researcher who must be able to accurately and objectively provide an outcome that reflects the participants' perspectives in relation to the inquiry (Jeong & Othman, 2016). The present study was aimed at exploring the personal life experiences of CSOs, such as adverse childhoods, that shaped the phenomenon of the study, which were their perceptions of sexual consent.

I used IPA in this study to gain insight into the thinking patterns of CSOs and how those thinking patterns shaped their individual perceptions of sexual consent. Life experiences, such as adverse childhoods, contributed to how sexual consent is perceived by CSOs. The cognitive distortions within the CSOs' perceptions were also addressed in this study. IPA offered a lens through which to view how CSOs interpret sexual consent, which led to their sexual offending of children.

Rationale

A qualitative design is used to discover the meaning of a particular concept (Pietkiewicz & Smith, 2014). This inductive approach is used to explore a topic of study to derive specific categories and themes and creating a hypothesis as opposed to a quantitative design that initiates a hypothesis and proves it through deduction (Creswell, 2014). The qualitative approach allows for interaction between the researcher and participant in a common environment. Fewer participants are used in qualitative methods rather than quantitative approaches because the smaller sample size and natural setting help the researcher to capture rich data that supports the investigation of the topic (Burkholder et al., 2016; Creswell, 2014). Furthermore, IPA presents the topic of exploration or phenomenon from the participant's point of view and this perspective lends insight into how the participant perceives the phenomenon and explains meaning of it (Burkholder et al., 2016).

In this study, I explored the meaning of sexual consent from CSOs' perspectives. The patterns and categories that emerged from data contributed to increased understanding of how CSOs address sexual consent in regard to their offending

behaviors. The themes developed correlated to the implicit theories of child sexual abusers are: child as a sexual being, entitlement, dangerous world, uncontrollable, and nature of harm. The research questions used in this study were derived from the implicit theories and formulated to address how sexual consent is perceived by CSOs as well as how those conceptualizations developed through the participants' lifespans. Use of IPA ensured a unique concept of sexual consent based on the viewpoints of CSOs, which is the purpose of IPA.

I deemed other qualitative research methods to not be beneficial to this study. Case studies and grounded theory are used to explore and explain what is occurring within a phenomenon; this creates a theory as opposed to solely exploring the meaning of the topic (Creswell, 2014). Case studies are used to investigate a single item from an in-depth and real-life occurrence over time, then relay that finding (Creswell, 2014). A case study would not have been appropriate for the current study because it would determine sexual consent as the offending action was happening, which was not the intent of this study. Case studies also focus on the opinion of the participant rather than their experiences (Creswell, 2014). The objective of the current study was to learn about the lived experiences of the participant in order to understand how the phenomenon of sexual consent is perceived. In addition, grounded theory would not have been suitable for this study because it creates a general theory, summarized from comparisons of multiple groups.

The present study was focused on one particular group, CSOs, and interpreted individual concepts as opposed to generalizing them to create one theory (see Burkholder

et al., 2016). Ethnography research requires an immersion and observation into the daily life of the participant (Burkholder, 2016), whereas the present study aimed to conduct objective, semi structured interviews. The close observation of the participant during an ethnographic study may alter the presentation of that person, which would have hindered accurate interpretations of the current study (see Burkholder et al., 2016). Narrative research is based on accounts of livelihoods and histories but does not incorporate meaning into a unique aspect of that account (see Burkholder, et al., 2016). Narrative research was not appropriate for the present study because it does not derive a meaning or interpretation of sexual consent, only the day-to-day, lived experiences of the CSOs (see Creswell, 2014).

Role of the Researcher

My role as the researcher was to conduct a phenomenological study that explored how CSOs provide meaning to sexual consent. The goal of the researcher is to accurately obtain meaning of a specific individual's perspective of a phenomenon while also transcribing that meaning to be understandable to the readers or audience (Pietkiewicz & Smith, 2014). I was responsible for collecting and analyzing data that supported my topic of interest (see Pietkiewicz & Smith, 2014). Information obtained was gathered from CSOs through face-to-face interviews in an outpatient treatment setting.

To avoid conflicts of interest, I did not have any personal knowledge of participants prior to the interview processes. Although I am employed in the building where the interviews were conducted, I did not have any professional duties or obligations in the unit of the building that treats the participants who partook in this

study. My professional role is treating sex offenders in a partial hospital program of the building as opposed to the mentioned outpatient setting.

Another role I played as the researcher was my ethical position of refraining from inducing harm to the participant or outcomes of the study (see Creswell, 2014). This obligation of mindfulness included the awareness of personal values and biases that could have hindered the study and/or participants. Additionally, I took steps to understand participants' biopsychosocial backgrounds in order to interpret findings accurately and ensure credible results. Language barriers can also arise during interviews, causing potential misinterpretations of responses.

One strength I brought to this study was professional experience in treating CSOs. I have developed professional skills that assist in recognizing thinking errors, such as the presentation of certain phrases and observations of body language. I have also established a level of comfort in working with a sex offending population, such as rapport building and trust as well as keeping an open-minded mindset that allows for better understanding of the CSOs' offending behaviors. However, I needed to be constantly aware that the participants I interviewed did not possess the critical mental health issues of the sex offending population, such as the clientele I currently treat in the partial hospital setting. Participants were chosen from an outpatient setting who had not been diagnosed with severe mental health issues. Treating clinicians were also consulted to ensure the appropriateness of the potential participant. I was also mindful of factors that can skew interpretations of sexual consent, such as language barriers or cultural considerations. I needed to also be aware of any assumptions and personal beliefs prior to conducting each

interview. I notated my thoughts and feelings were noted prior to and after each interview. I also used support systems, such as supervision, to assist with any emotional concerns that surfaced, considering the nature topic of the study.

Methodology

Selection of Participants

IPA recommends utilizing a small, homogeneous sample size of a common population (Pietkiewicz & Smith, 2014). For this study, CSOs were the participants of the sample, as the purpose was to gain insight solely from the CSO population. The CSOs were adult males who share commonalities of sexual offenses that victimized children.

Criteria that was used to satisfy the selection of participants was an adult male who had been convicted of a sexual crime against a child, was not currently incarcerated, and was compliant with outpatient therapy for a sexual offense. Sexual offenses are inclusive of direct physical and sexual contact with a child or minor. Child pornography offenses (child sexual abuse imagery) were excluded from this study. Although the crime is considered a sexual offense against a child, sexual consent is not typically a consideration with this type of behavior.

The process in obtaining participants was the identification of meeting the mentioned criteria, as well as the willingness to participate in the present study. This study focused on a sample size of eight participants but the process of saturation was determined by the final number of participants necessary for emergence of similar patterns from the collected data (Pietkiewicz & Smith, 2014). Saturation is the process of collecting data to the point when no new information can be obtained or founded and the

study can be replicated with outcomes of common findings based on the completeness and thoroughness of the collected data (Bowen, 2008).

Participants were selected from an outpatient services department of a mental health agency located in an urbanized area of Pennsylvania. This facility focuses on sex-specific treatment, as required by probationary stipulations in accordance with the sexual offense. Flyers were posted in the outpatient setting, inquiring of interest to participate in academic research. Once I made contact with a potential participant, I verified the individual met the inclusive and exclusive requirements. Upon approval, I then issued the qualified participant a consent form. Based on the number of qualifying persons, I made contact with the potential participant, explaining the purpose of the research, such as exploration of adverse child history and concepts of sexual consent. Also, the method of a semi structured, face-to-face interview was communicated to the potential participant, which would take between 1 to 1.5 hours of completion. Interviews were only conducted one time per participant. Appointment date and time of interview were given to the participant upon agreement to partake in the research.

A consent form was also administered prior to conducting the interview. As the researcher, I explained the consent form as permission to engage in the research process, as well as assisting with understanding of the purpose of the study, which was the conceptualization of sexual consent. The consent form also explained the participation as voluntary, including the freedom to withdraw at any time. I also verbally reviewed the consent form to ensure the participant fully understood the terms of the agreement.

Upon completion of the interview, each participant received a gift card for a local convenient store with a \$5 value. The convenient store is popular among the clientele of the outpatient setting, and is easily accessible from the interview site and offers several locations within a three-block radius.

Instrumentation

Semi structured interviews were conducted face-to-face in a professional treatment setting for the instrumentation of collecting data. Interviews were also audio recorded for the purpose of accuracy of responses with consent from the participant. The audio recordings were also a part of the instrumentation process of gathering data.

Semi structured questions were framed from a phenomenological perspective. The questions were open-ended in structure and were reframed to gain the most precise and honest responses from the participant. The semi structured process also assisted with the flow and dialogue of the communication between the researcher and participant (Pietkiewicz & Smith, 2014). The rapport and discussion during the interview provided allowance for additional inquiries or acknowledgement of issues (Pietkiewicz & Smith, 2014).

The questions that were used for the semi structured interviews assisted in responding to the primary research questions of how sexual consent is developed in adult male sex offenders who target children in relation to their childhood experiences, and how childhood experiences of adult male sex offenders who target children shape perceptions of sexual consent. Disclosures of personal childhood sexual abuse were already documented in a Comprehensive Biopsychosexual Evaluation conducted during

admission to outpatient setting. All participants were male, ranging in ages from 18 to 65. Participants were currently be on probation in a specific county; and, also in compliance with probation stipulations. Sexual orientation, race, and religious affiliation were not considered factors of participant involvement. The qualified CSOs responded to the following interview questions:

Interview Questions

The first research question was aimed to understand the developmental influences from childhood that impact the CSOs perception of sexual consent. Responses to this question were founded in personal accounts or events from the CSO's childhood history, such as trauma. By exploring the CSOs first consensual experience, the initial experience guided the development of sexual consent into adulthood.

1. How would you describe your childhood?
2. Did you ever encounter any abuse or neglect in your childhood? (If so, by whom? What type of abuse?)
3. Tell me about the key support persons in your life at that time. Who did you look up to as a child? Who were you mentors? Supporters? Caregivers?
4. Now, pertaining to sexual history, how did you first learn about sex?
5. What is your definition of sexual consent?
6. What was the age of your first consensual experience? Did you know or understand what sex was at that age?
7. Who was that experience with? What was your level of trust, and/or feelings, with this person?

The second research question explored the influence of childhood experiences towards the conceptualization of sexual consent. The responses related to the cognitive distortions and thinking patterns that contribute to the CSO's perception of sexual consent.

1. Do you believe sexual consent is important? Why or why not?
2. Did you provide consent in your first sexual experience? If so, how did you do it?
3. Do you believe children can provide sexual consent?
4. What influenced your decision to have sexual interactions with children?
5. How do you believe your sexual interests were influenced?
6. Is there anything else you'd like to share that may contribute to this research based on your experiences?

Data Analysis Plan

Upon collecting the data, I first relayed any information regarding issues obtained by the sample (Creswell, 2009). That is, any participant who decided to discontinue or terminate the interview or those who did not attend the interview were presented. This information helped to provide the exact number of participants who did follow through with the interview processes (Creswell, 2009).

Secondly, I fully engaged myself in the review of transcripts from the conducted interviews (Pietkiewicz & Smith, 2014). In order to be fully absorbed in the data, I became the lens of the participants and truly emerged myself in their responses. This critical view also helped to understand the perspective of the participant, while also eliminating any bias I may have perceived as the researcher. The transcripts were reread

several times to additionally assist with immersion into the data (Pietkiewicz & Smith, 2014).

Next, I notated any insights gained from the multiple readings of the transcripts (Pietkiewicz & Smith, 2014). The notes served as reflections of the interview and provided interesting developments, responses, comments, inquiries, and outstanding aspects or thoughts from the face-to-face interview or transcript (Pietkiewicz & Smith, 2014). The notes were created in a separate column, parallel to the responses, and highlighted in a distinct color to identify and specify my comments and reduced any confusion from participants' responses. Then, I focused more on the notes I created as opposed to the transcript (Pietkiewicz & Smith, 2014). This shift in focus helped to identify the emergence of themes. I was able to recognize concepts that developed inductively from the details of the CSOs personal accounts. Common ideas and similar thoughts led to an emergent theme, which is a researcher's interpretation of the participant's lived experience (Pietkiewicz & Smith, 2014).

Finally, clusters of themes developed, also creating connections among them (Pietkiewicz & Smith, 2014). All emergent themes were developed before grouping and connecting them. Some themes were eliminated because they did not contribute to the developing idea. Themes and subthemes were created and the analytical process was repeated with each transcribed interview. Lastly, the themes that were identified in each case were compared to identify relationships to one another (Pietkiewicz & Smith, 2014).

I primarily used a traditional pen and paper method to conduct the data analysis process. I also used Nvivo software, solely to help with increased identification of

emerging patterns. The decision to focus mostly on pen and paper instrumentation was due to the sensitive nature of the study, and my comfort level and efficiency of using the pen and paper tradition. Data were stored on an electronic removable storage device that is password sensitive. The storage device was kept in a locked cabinet in my home office.

Issues of Trustworthiness

Trustworthiness in qualitative research is necessary for delivering precise and honest results of a particular study (Nowell, Norris, White, & Moules, 2017). Consistency, accuracy, and thoroughness of data analysis, as well as in-depth explanations of the data collection analysis methods, are key factors of credible and dependable qualitative studies (Nowell et al., 2017). I explain how credibility, dependability, transferability, and confirmability benefit the present study in regard to trustworthiness. I used a number of approaches in this study to ensure the integrity and trustworthiness of the research collection, analysis, and results.

Credibility

Credibility in qualitative research is the equivalent to internal validity of quantitative research (Shenton, 2004). This approach examines the realistic measures that are used in addressing the topic of the study; thus, corresponding and being consistent with the outcomes of the findings (Nowell et al., 2017; Shenton, 2004). In the present study, credibility was addressed in the forms of: familiarity with the culture of participating organizations, triangulation, iterative questioning, and qualifications and experiences of the investigator (Shenton, 2004).

Familiarity with the culture of participating organizations. Having an understanding of the organization permitting the study and the population they service is critical. This familiarity with the organization enhances the trust between researcher and the gatekeeper (Shenton, 2004). The organization that was used for this particular study focuses on servicing clientele with sexually acting out behaviors who are referred by hospitals, legal systems, and academic settings. This study specifically sought out adult male sex offenders from the facility's outpatient department. Pertaining to the research of the present study, I had already developed an appreciation for the organization's mission and a professional relationship with staff, as I have been employed with the agency for over four years. I have had positive interactions and communication with staff, who had expressed eagerness of the facility partaking in a study that will lend additional research in the field of sex offending behaviors. Although the research was not conducted in the department I am positioned in, I do possess an understanding and respect for the unit who participated in the research.

Triangulation. Triangulation incorporates various methods of data collecting for qualitative research (Shenton, 2004). The purpose is to gather information from different methods in order to defy limitations of one type of study and identify and increase common strengths gained from using the multiple approaches (Shenton, 2004). In the present study I conducted individual interviews from a number of informants. Responses from participants that address one phenomenon can produce different perspectives, directing rich details and credibility to the outcome of the study, was gained in this study (see Shenton, 2004).

Iterative questioning. The purpose of iterative questioning is to assist with honesty during the interview process (Shenton, 2004). Tactics used are reframing techniques and reflective skills. Reframing techniques are utilized by the interviewer as tools to present one inquiry from several aspects (Shenton, 2004). This technique helps to address deceit or inconsistencies with responses (Shenton, 2004). Reflecting skills allowed me to recall a previous response, then challenge accuracy and consistency of the participant's answer. Iterative questioning was effective in gaining trustworthiness from the participants of CSOs who may have possessed a history of deviance.

Qualifications and experiences of the investigator. The investigator is the researcher, interviewer, and analyst of data (Shenton, 2004). Therefore, the credibility of the person conducting the research is a component to achieving trustworthiness of the study (Shenton, 2004). Professional qualifications should correlate to understanding of the phenomenon being studied, in addition to the population participating in the study. I have focused my graduate and doctoral studies in the specialized field of sex offending populations. I also have a professional position in providing therapeutic services to adult male sex offenders.

Dependability

Dependability in qualitative research is comparable to validity of quantitative research (Shenton, 2004). Dependability refers to the process of providing consistent and similar outcomes when a study is duplicated (Anney, 2014; Shenton, 2004). As the researcher, I needed to explain the process of how the study was going to be conducted to achieve dependability. This explanation accounted for the purpose of the study, collection

of data, data analysis, and the outcomes of the study. If any changes had occurred in the study, I was responsible for any and all modifications, while also demonstrating a consistent interpretation from the collected data. A method I used for ensuring dependability was an audit trail (Anney, 2014; Nowell et al., 2017). This process allowed me to record and document all aspects of the data collection, which helps the reader to comprehend the sincerity of the study and to clarify the dependability of the processes used in the research (Anney, 2014; Nowell et al., 2017; Shenton, 2004). To ensure dependability in the present study, each aspect of the research was described to show consistency and accuracy from the data collection, data analysis, and interpretation of findings (Anney, 2014). The detailed reporting of data processing and outcomes demonstrated an error-free study, proving that research was dependable and can be replicated again with similar outcomes.

Transferability

Transferability refers to the outcomes of one study being utilized in another study (Anney, 2014; Nowell et al., 2017; Shenton, 2004). When a researcher's inquiry is thorough and detail-oriented, it becomes a thick description. The thick description and sample population result in the inquiry being transferable to another study (Anney, 2014). For example, the replicated study may focus on a specialized population, size, or situation that differs from the original study (Anney, 2014; Shenton, 2004). The thick description of the present study was founded in the explanation of the phenomenon, as it gave context to the inquiry. Thick description was also demonstrated in the responses obtained

from the participants, as it provided comprehensive and exhaustive details in relation to the inquiry and phenomenon of study (Shenton, 2004).

Confirmability

Confirmability is the objective perspective of the researcher that demonstrates the results of the study are solely derived from the participants without bias or influence of the researcher (Shenton, 2004). The reader must be able to recognize that the outcome of the research is only supported by the data (Anney, 2014; Nowell et al., 2017; Shenton, 2004). That is, other researchers can conduct the same study and find similar outcomes to prove confirmability. In present study I utilized various instruments that also supported confirmability, such as documenting all aspects of the data collection and analysis methods. Each step of the research process was recorded through an audit trail. This method demonstrated the objectivity of procedures I used and decisions I made, as I documented every step. A data-oriented approach further assisted with confirming the credibility of the findings, as this method scrutinized the data. I also used reflective journaling to aid in demonstrating the elimination of bias by reviewing the collected data to increase accuracy of results (Shenton, 2004). As credibility, dependability, and transferability surfaced within the present study, confirmability was then proven (Anney, 2014; Nowell et al., 2017; Shenton, 2004).

Ethical Procedures

In order to proceed with the presented research, approval was needed by Walden University's Institutional Review Board (IRB). The IRB's approval signified that risk of harm to the participant was minimal in comparison to the benefits of the study.

Consideration from the IRB also included approval of the research being conducted in a clinical field, and also within my workplace, as I was the role of the researcher. Upon the approval number given by the IRB (08-28-19-0250813), I obtained a letter of cooperation from the research site that gave me permission to conduct the data collection within their facility and with their clientele.

This study took place in a therapeutic setting where participants receive outpatient treatment for sexually acting out behaviors and sexual offenses. However, potential participants were screened to ensure progress in treatment for at least 6 months or nearing the end of treatment, stability with mental health, and no violations of probation or other criminal activities since receiving treatment. As the researcher of the present study, I had no clinical or therapeutic role with the participant because my professional position was conducted in a different department of the workplace. I highlighted that the interview would not interfere with outpatient treatment and the chosen participants were recruited from those who willingly volunteer for the study, while also meeting the criteria from the screening process.

Flyers that advertised the study were only distributed in the outpatient setting of the facility to assist with privacy due to the sensitive nature of the topic. More specifically, the flyers were in the offices of outpatient clinicians and in hallways of the office area and were not in the waiting room area. Again, this measure was to ensure privacy of the participant.

Upon review of qualified persons, I administered consent forms to potential participants. Consent forms iterated the topic, purpose, and qualifications for the study.

They also explained how the study would proceed with the participant, such as description of interview process and permission to audio record interview for accuracy of responses. Sample questions informed the potential participant of inquiries that were used in the study. The consent forms also provided proactive measures if the participant incurred any psychological or emotional harm, which emphasized the participant would be directed to his outpatient therapist to discuss the unforeseen issue. Limits of confidentiality were also provided in the consent forms, as well as steps in my role as the researcher that ensured privacy of the participant's personal information and interview responses.

Reports coming out of this study did not share the identities of individual participants. Details that might identify participants, such as the location of the study, also were not shared. I did not use the participants' personal information for any purpose outside of this research project. Data were kept secure by maintaining all data on a private and personal electronic removable storage device that is password sensitive. The storage device is in my personal possession as the interviewer and is kept securely in a desk in my home. Data will be kept for a period of at least 5 years, as required by the university.

Summary

Chapter 3 provides a detailed explanation of the methodology used for this study. The chapter explains the research design that frames the study, which was guided by IPA. The rationale for the study describes the meaning within the phenomenon and how it was incorporated into the research concept. My role as the researcher provided assurance

through my qualifications and awareness of ethical sensitivities while conducting the research. Interview questions for the study prepared the reader for how the phenomenon of interest transpired to outcomes based on the participants' responses. The issues of trustworthiness were identified through the validations of credibility, dependability, transferability and confirmability.

Chapter 4: Results

Introduction

CSOs sexually offend against children with little to no regard of sexual consent. Sexual consent is paramount when engaging in healthy sexual interactions; however, children are not legally or morally permitted to engage or give permission to engage in sexual activity (Jahnke & Malón, 2018). Yet, CSOs either disregard or distort sexual consent when committing a sexual offense against a child. The decision to engage in sexual activity with a child is crossing a moral and ethical boundary, resulting in violations of the boundaries and against the child. This dismissal of ethical and legal permission may be influenced by cognitive distortions (Jahnke & Malón, 2018). Some cognitive distortions develop from unfavorable childhood histories, such as trauma, which may lead to sexually acting out behaviors in adulthood (Levenson & Grady, 2016; Sigre-Leirós et al., 2016). However, researchers have not explored how CSOs rationalize their thoughts or behaviors to sexually abuse children, crossing the boundary from a thought or fantasy to a sexual offense. In this study, I explored the perceptions of sexual consent among CSOs who abused children.

The purpose of this phenomenological study was to gain insight into and an understanding of how CSOs conceptualize sexual consent with children and how their perception of sexual consent may be influenced from their recollection of childhood sexual abuse. The conceptual framework of implicit theory provided the lens through which to view how CSOs perceive the phenomenon of sexual consent based on their lived experiences of sexual abuse. I collected data from seven, adult, male CSOs who

committed sexually offenses against children while also being victims of childhood sexual abuse themselves. The following research questions guided the study:

RQ1: How is sexual consent influenced by child sexual abuse among adult male sex offenders?

RQ2: How do CSOs perceive a child's ability to provide sexual consent?

In this chapter, I explain the present study, discussing the setting of the study, demographics of participants, and data collection procedures. Data analysis procedures are also described, followed by a presentation of evidence of trustworthiness and a reporting of results. I end the chapter with a summary of research questions to chapter five.

Setting

The interviews were conducted in an outpatient mental health facility located in highly populated city in the northeastern United States. Each face-to-face interview took place in a private office, and the only people present were the participant and me. As the researcher, I read and explained all aspects of the consent form to the participant before they verbally agreed on audio recording and physically signed the consent form.

All subjects actively participated in the interview process to completion. Incentives for participating in the study were provided upon completion of the interview in the form of a \$5 WaWa gift card (a local convenience store). During the interviews, no participant expressed distress or emotional struggles that would prompt the need for additional mental health support. All participants appeared to be genuine and open in

their responses to the interview questions, as evidenced by answering and elaborating on questions asked of them.

Demographics

The participants consisted of seven, adult, male sex offenders who abused children. In Pennsylvania, children under the age of 16 years old cannot provide sexual consent (Pennsylvania Coalition Against Rape, 2020). At the time of the study, all participants resided in either shelters or independent residences in a densely populated area of Pennsylvania. Participants were compliant with their current terms of probation and had been participating in outpatient treatment for at least 6 months. Participants were between the ages of 36-58 years old, with the average age being 50. Regarding ethnicity, two participants were Hispanic, three were African American, and three were White. Of the seven participants, three were enrolled in Generalized Education Development classes, three were employed, and one participant was attending a vocational training institute.

Data Collection

Upon receiving approval from Walden University's IRB (Approval Number: 08-28-19-0250813) and an accepted Reliance Agreement between Walden University's IRB and the facility's IRB, flyers were posted in the outpatient setting of the site located in Philadelphia, PA. The site provides therapeutic services for adults and juveniles with sex offenses and sexually acting out behaviors. I contacted potential participants who responded to the flyer to review criteria for participating in the study. Upon meeting the described criteria as an adult male with a sex offense against a child, actively

participating in outpatient treatment for at least 6 months, and compliance with probation, the subjects approved to participate in an interview and scheduled a meeting time with me. Over the course of 5 weeks, the seven participants completed a semi structured interview.

At the beginning of the interview, I provided a reiteration of the contents of the consent form. Participants' consent was recorded verbally using a handheld digital audio recorder as well as in writing. Each interview was recorded on the handheld device and lasted approximately 50 to 60 minutes; there was only one session per participant. Upon completion of the interview, participants were provided with a \$5 WaWa gift card, which is a local convenience store. I transcribed the recorded interviews on Microsoft Word, then reviewed the transcription again while listening to the recording to ensure accuracy. All data collection methods were consistent with what I outlined in Chapter 3. No unusual circumstances were encountered during the data collection process.

Data Analysis

I achieved data saturation after interviewing seven participants because all collected data provided and fulfilled informative responses to the research questions. IPA was used to analyze the data, lending insight into how CSOs perceive sexual consent based on their lived experiences (see Pietkiewicz & Smith, 2014). IPA helped provide a lens through which to view how CSOs perceive the phenomenon of sexual consent as an adult, which may be shaped from childhood sexual abuse. Four themes and 11 subthemes emerged as a result of the data analysis process (see Table 1).

Table 1

Themes and Subthemes

Distressing and unhealthy childhood experiences	Understanding of consent	Limited knowledge of consent during first sexual experience	Influences that led to sexual interaction with a child
Abusive home environment that triggered fear and sadness	Knowing that sex is agreed between parties	Poor understanding of consensual sex	Rationalizing sex with children
Learning about sex from undesirable situations	Fully aware that children cannot provide consent	Distorted thoughts of trust with partner	Recalling childhood experiences with disappointment and shame
Confusing role models growing up		Obsession with sex	
Betrayed by trusted person who sexually abused participant			

Initially, the data analysis process began with multiple readings of the individual transcripts on Microsoft Word to gain a deeper perspective of each participant. The repeated readings helped me immerse myself in the data. I highlighted descriptive and noteworthy responses to interview questions from each interview. The categories were coded in different highlighted colors. For example, experiences were highlighted in pink, consent was highlighted in yellow, and distortions were colored in blue. Next, colored sets were compared with other common responses from transcripts to assist with identifying codes.

Although I was hesitant to use software for qualitative analysis, I decided to try to further analyze the data with Nvivo for accuracy and any other developing ideas (see QSR International, 2020). Nvivo provided step-by-step instructions of how to explore developing patterns (see QSR International, 2020). I was able to upload the transcripts into the software and create nodes from each individual transcript. I then reverted to my highlighting again, transitioning the categories into themes and subthemes. I also created a description section next to each subtheme, which helped to frame the subthemes more accurately. The description section encompassed the quotes and descriptive phrases from the participants that were relevant to the subtheme. I did not identify any discrepant findings the data collection or analysis of this study.

Evidence of Trustworthiness

As outlined in Chapter 3, I determined trustworthiness by the following strategies: triangulation, iterative questioning, an audit trail, reflective journaling, thick description, and using a data-oriented approach. The credibility, transferability, dependability, and confirmability of the study were established with the implementation of the methods.

Credibility

Credibility validates the use of realistic procedures throughout the study, providing consistency from the topic to the findings of the study (Nowell et al., 2017; Shenton, 2004). In this study, I achieved credibility by using familiarity with the culture of the participating organization, triangulation, iterative questioning, and my qualifications and experience as the investigator.

Familiarity with the culture of the participating organization ensured that all participants were CSOs and were receiving outpatient treatment for their offenses. I am also an employee of the facility and have an understanding of the operations, ethical practices, and mission of the organization.

Triangulation is a credible method of using multiple sources to obtain a common and valid outcome (Shenton, 2004). In this study, I used triangulation through the conduction of seven semi structured interviews, presenting each participant with the same set of questions. Each participant addressed the phenomenon of sexual consent and provided personal perspectives of sexual consent based on their lived experiences. Credibility was determined based on the common responses and identifying factors that supported the research questions.

I used iterative questioning to engage the participants with honesty during the interview process (see Shenton, 2004). I also used techniques during the interviews, such as reframing, probing, and reflecting, to assist with promoting consistency among responses. For example, probing would help participants to expand on their responses, often mirroring or prompting reflections in the interview responses, such as exploring influences of their sexual interactions with children, then causing participants to reflect on their childhood experiences.

The qualifications and experience of the investigator are important aspects of credibility because it demonstrates the capability of producing credible findings by a competent person (Shenton, 2004). My education and professional position have been focused on the sex offending population. I have experience conducting interviews with

sex offenders for treatment purposes. I developed an awareness of interviewees being dishonest at times, which prompted the use of iterative questioning for accuracy and honesty. Therefore, I am qualified to conduct sensitive-based interviews and obtain credible results based on my experiences due to having a strong focus and background with the studied population.

Transferability

Transferability demonstrates that the results of a study can be transferred to other research opportunities (Anney, 2014; Nowell et al., 2017; Shenton, 2004). Thick description is founded in the researcher's ability to obtain detailed and exhaustive responses from the inquiries. Thick description assists the reader in identifying meaning in the interviewee's perceptions of the phenomenon (Geertz, 1973). This study explored the phenomenon of sexual consent from inquiries that addressed influences from childhood experiences and sexual abuse, first consensual experiences, and understanding of sexual consent. Therefore, many aspects contributed to each participant's perceptions of sexual consent, providing a thick description of how the phenomenon was conceptualized by the CSO.

Dependability

When a study can be duplicated and produce similar findings, dependability is achieved (Shenton, 2004). All relevant aspects of the study are described, utilized, and documented throughout the research process to ensure that mistakes or inconsistencies were not overlooked. An audit trail supported the dependability of this study. The audit trail consisted of all steps of the data collection and research processes presented and

documented in this study, such as transcripts created from interviews, notes taken during and after interviews, and charts created to explore themes, subthemes, and patterns.

Confirmability

Finally, confirmability accounts for the true and accurate presentations of the participants, excluding any bias or personal perspectives of the researcher. I used reflective journaling to identify any personal thoughts or beliefs that I may have encountered during this study. In addition, I used a data-oriented approach to review the data to ensure the findings were solely based on objectivity and the instrumentations of the data collection processes.

Results

The purpose of this study was to explore the how the phenomenon of sexual consent is perceived by CSOs who have also experienced childhood sexual abuse. I conducted semi structured interviews in an outpatient treatment facility in an urbanized area of Pennsylvania that services adult males sex offenders. Seven questions supported findings of the first research question and six inquiries were conducted from the second research question.

All participants initially responded to a flyer posted in the outpatient setting, which described the purpose and qualifying criteria for the study. The criteria were reviewed with the potential participant and a consent form was also read and explained to the interviewee. The participant initialized the consent form and provided a verbalized agreement on an audio-recording device prior to the start of the semi structured interview. Each interview consisted of 13 questions and was completed in approximately 1 hour.

I directed each question to the influences that supported and shaped the CSOs perceptions of sexual consent. My questions explored childhood experiences, knowledge of sexual consent, and influences of having sexual interactions with children. All of my inquiries supported how sexual consent is conceptualized by CSOs based on their lived experiences. My critical analysis of the transcripts led to the development of four themes, emerging from significant and similar responses from participants: distressing and unhealthy childhood experiences, understanding of consent, limited knowledge of consent during first sexual experience, and influences that led to sexual interaction with a child.

Research Question 1

Theme 1: Distressing and unhealthy childhood experiences. In regard to the theme of distressing and unhealthy childhood experiences, all participants expressed negative home environments associated with feelings of unhappiness, in addition to sexual abuse and other trauma. Responses such as, “I loved going to school to escape my house,” and “I was numb to everything,” supported the painful reflections. All participants also reported feelings of betrayal by the persons they trusted when confirming to being sexually abused. Poor role models were also identified, such as drug dealers, cartoon characters, and perpetrators of their sexual victimization. During their childhood experiences, all participants recalled a lack of healthy sexual education and learning about sex from pornography and sexual abuse.

Subtheme 1.1: Abusive home environment that triggered fear and sadness.

Participants identified their childhood home environments using negative terms,

describing the experiences from painful recollections. All participants identified various types of abuse in their family homes. Participant 1 (P1) recalled his childhood as “awkward... lonely,” describing situations of neglect and physical abuse by his stepfather, and absence of his biological mother due to long work hours. He also reported frequent drug use and sexual activity in his home, such as “sex parties” that were hosted by his parents. P5 explained that his mother also abused illicit substances and invited random men into their home who were physically and sexually abusive towards P5 and his siblings. He denied having any contact with his biological father. P6 also expressed physical abuse and neglect by both parents, then later being abandoned to a hospital by his parents when he was 6 years old, noting “They dropped me off at a hospital one day, and I never saw them again.” He added that physical, sexual, and mental abuse was also inflicted by the hospital staff. P2 disclosed that “drug dealers” helped his mother pay bills because his father was often intoxicated and absent from their home and stated, “it [childhood] was fucked up.” P3 described his childhood as “rough. More bad times than good” further explaining that he looked forward to school days as an escape from home due to the abusive environment by his father and brother. P4 used the terms “Fearful. Frightening” when addressing his childhood, and explained “When my dad would pull up, I’d hate it... Never felt free, really.” P7 stated he was “numb to everything,” in the home, as a means of coping with an alcoholic and physically abusive father.

Subtheme 1.2: Learning about sex from disturbing situations. Most participants reported pornographic videos or other sexual images as sources of sexual education. Additionally, most participants also reported learning about sex from older, familiar

females. P3 identified learning about sex, “by my cousin. Her practicing on me.” He added that she was 12 years old, while he was five years-old. P4 and P5 reported similar experiences. P4 explained he learned about sex from his sister, who was 13 years older than him, and P5 stated that he learned about sex from a 22 year-old female when he was 15 years-old. Further, P7 explained he learned about sex when he was molested, in addition to being encouraged by his brother “to peep through the door knob to watch him and her [paramour] have sex.” P6 also identified sexual abuse as a source of sex education “at the hospital when I was raped by an aide.”

Subtheme 1.3: Confusing role models growing up. No participant identified a family member as a role model, and all expressed absence or a lack of attachment with paternal figures. P1 and P5 stated known figures as role models, such as Bill Cosby and Superman. P2 explained that he looked up to drug dealers “as father figures because they paid our bills... and paid for what my mom couldn’t.” P4 and P7 looked up to their older sisters as role models, who were also their sexual perpetrators, and P3 recalled his female cousin as a role model, who was also his abuser. Also, P6 disclosed that he looked up to a male advocate who “gave me \$65 and a bag of pills,” adding that he started to self-medicate after the exchange.

Subtheme 1.4: Betrayed by trusted person who sexually abused participant. All participants reported being sexually abused by a trusted person. P2, P5, and P6 were sexually abused by male adults. P2 expressed feeling hurt when his mother did not believe he was being molested by a male neighbor on several occasions, but believed him after his younger brother was sexually abused by the same male. P2 added that his mother

and other neighborhood members “got along pretty good with him. They couldn’t understand it.” P5 explained that his older brother, “would tie me to the bed” when he was molested. P6 reported being sexually abused by a male aide on several occasions when he was hospitalized for behavioral issues.

P4 and P7 recalled being sexually abused by female family members. P4 reported being “raped” for a year by his older sister, and P7 described having a “play sister,” a female friend of his sister who stayed in the family home for extended periods of time. He explained that when he was 10 years-old, he was molested by the ‘play sister,’ who was in her 30’s, until he reported it to his biological sister. He then started having a sexual relationship with his sister at that time, who was also in her 30’s. However, he denied viewing the relationship as being abusive.

P1 and P3 were sexually abused by males and females. P1 reported being molested by a female babysitter, and also a male psychiatrist who was treating P1 for victimization of sexual abuse by the babysitter. P3 described his molesters as his “step-uncle and two older cousins” who were females and seven years older than P3.

Theme 2: Limited knowledge of consent during first sexual experience. When reflecting on their initial sexual experiences, all participants expressed obtaining sexual consent, but responses and recollections from those experiences appeared to be distorted. Some participants expressed not fully knowing what sexual consent was during their first sexual experience, but believed the initial sexual encounter was consensual. Participants also identified first consensual partners as females whom they trusted or looked up to, such as female family members or other older females. One participant identified that his

first consensual experience with a prostitute. Six of 7 participants had a significant age gap with first consensual partner; whereas, 1 participant stated his partner was the same age, but, “I did it because I felt like I had to. She was very controlling, like my sister.” His sister was his sexual perpetrator and was 12 years older than him. A majority of participants also reported having an increased sex drive after their first consensual sexual experience. The responses pertaining to the initial consensual experiences led to the theme of limited knowledge of consent during first sexual experience.

Subtheme 2.1: Poor understanding of consensual sex. All participants identified the initial sexual experience as consensual but most recalled not fully knowing what sex was at that time. For example, P1 identified his first sexual experience with another male was consensual but when he was 10 years old. P2 explained that his first consensual experience was at the age of 12 with a prostitute provided by drug dealers, expressing “The drug dealers used to tell me what I need to do with a girl. Pull down my pants, then do what I want. My first time was a girl the drug dealers brought home, then I wanted sex every day.” P3, P5, P6, and P7 all identified being under the age of 18 during their first consensual experience with an older adult female, ranging from six to 27 years older than the participant. Each participant was not of legal age to provide consent with the adult partner at that time. P7 identified his first consensual sexual partner as his sister. P4 appeared to express an understanding and admission to consent during his first sexual experience, but later in the interview stated he felt forced to engage in the sexual act, and related it to his childhood sexual abuse, explaining,

When I was molested and my sister would say, ‘go faster, go faster,’ and I was basically doing all I can do. So, I think I’ve always had that memory of that. She always said that and repeated it. So, I think all girls are like that. And, my first encounter was similar. So, I thought that was how I could satisfy women.

Subtheme 2.2: Distorted thoughts of trust with partner. Participants explained limited to no trust with their first sexual partner or appeared to present a poor understanding of trust with that person. P7 expressed trust with his first consensual partner because she was his sister. P1 explained that he had a level trust with his partner because they were both 10 years old and had common interests of exploring abandoned buildings, “we eventually knew each other so well, we didn’t have to say nothing.” However, he added that he never saw his friend again after that sexual experience, “The sexual experience happened once because he moved away.” P3 and P5 expressed having strong feelings for their first sexual partner, despite a significant age gap. For example, P5 was 15 years old during his consensual experience, expressing belief that he was in love with her and stated “the closest thing I had to joy...she taught me everything I knew.” However, his partner was a 23-year-old female, a woman engaging in sex with an adolescent. P3 explained a level trust with his 20-year-old female cousin when he was 14 years old, and noted “My level of trust was pretty high with this person. We hung out every day.” P6 identified trust with his first consensual partner who was a 40 year-old female when he as 17 years old. However, his perspective of trust stemmed from the female not reporting the incident to police; therefore, he continued the encounters “because nobody called the cops or anything.” P2 denied having any trust during his first

consensual experience, “there wasn’t no trust. I just did what I wanted to do because the drug dealers told me what to do. I was a virgin.” P4 did not identify any aspect of trust with his first consensual partner, although he identified their relationship as “pretty tight. We used to talk. She been to my house a few times.” He did not explore or reflect on his level of trust, despite reframing skills I tried using with him for further insight. This may be related to the participant’s prior mentioning of his first consensual partner relating to similarities of the perpetrator of his childhood sexual abuse.

Subtheme 2.3: Obsession with sex. Many participants appeared to present an increase in sexual drive and interest after their first consensual experience. P2 stated that he “wanted sex every day” after having sex with an older female when he was 12 years old. P6 shared that he continued having frequent sex with his 40-year-old sexual partner because “She always came back to me. We always went to the same spot.” P7 explained that after he disclosed being molested to his sister by her friend, they mutually initiated a sexual relationship that lasted for a number of years. P3 expressed enjoying the secrecy of having an ongoing sexual relationship with his older female cousin after their first sexual experience and explained “It was a big secret. Couldn’t tell my mom or she would’ve killed us both.” P5 shared that he was initially scared during his first consensual experience, but was able to increase his level of comfort and “joyfulness” as the sexual encounters continued. However, P1 and P4 did not address any increased sexual interests or obsessions with sex after their initial sexual experiences.

Research Question 2

Theme 3: Understanding of consent. The theme understanding of consent developed as all participants stated that children cannot provide sexual consent. The participants also reported comprehension of sexual consent as “permission” or “an agreement” of two age-appropriate parties, while also identifying that sexual consent cannot be forced or coerced through grooming behaviors. All participants appeared to have comprehension of sexual consent as an adult, but also attributed thinking errors from cognitive distortions that rationalized their motivation to sexually interact with a child.

Subtheme 3.1: Knowing that sex is agreed between parties. Participants appeared to accurately describe and understand sexual consent. They also expressed awareness that children cannot provide sexual consent. All participants identified terms of two people mutually agreeing to engage in sexual acts. Words such as “both,” “each person,” and “two people” were used by all interviewees when describing consent. Other consistent terms that were used to explain consent were “permission” and “agreement.” The importance of trust and honesty in regard to consent was also identified by P1 and P3. P1, P5, and P7 expressed the importance of age when consenting, such as legal age and being old enough to understand what sex is. P6 added that sexual consent should be about “being in love, and making babies,” in addition to forcing someone to have sex as nonconsensual.

Subtheme 3.2: Fully aware that children cannot provide consent. All participants stated that children cannot provide sexual consent. Interviewees presented

that children are not of age, intellect, or comprehension to understand what sex is. P2 and P3 each stated that children “don’t know what sex means.” P1 explained that children do not know what or consent is, stating “They have no idea what sex is, or consenting is, because you can’t consent to something you don’t know anything about.” P4 also stated that children cannot consent to something they do not understand, such as sex, but also conveyed that children may have familiarity with the word ‘sex,’ but do not have meaning of it. P5 reported that children are not mature enough to understand sex. P6 and P7 each identified that age is a factor for children regarding a lack of understanding of sexual consent. P6 stated “They’re not fully developed in their mind. They’re not old enough to make a drastic decision in that way.” P7 only identified age as a child’s inability to provide consent, responding “They’re too young to provide sexual consent.”

Theme 4: Influences that led to sexual interactions with a child. Finally, the theme influences that led to sexual interaction with a child emerged. Participants appeared to justify their sexual interactions with children, utilizing the cognitive distortions from implicit theories of CSOs that were explained in Chapter Two. Implicit theories of CSOs that were identified among the participants’ responses were: child as a sexual being, nature of harm, dangerous world, entitlement, and uncontrollable (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). Most participants explained that their childhood sexual abuse experiences influenced their sex offenses towards children, expressing blame, sadness, and humiliation when recalling their victimization.

Subtheme 4.1: Rationalizing sex with children. Each participant appeared to apply an implicit theory of CSOs when recalling influences that led to sexually abusing a

child. The interviewees rationalized their sexual offenses, some presented beliefs that the child was accepting of the sexual interactions; whereas, others expressed a level of disregard to the child. For example, P6 expressed belief that the child he offended “was old enough to know it was wrong” because she “played with having tea,” with P6 role playing as the dad and the victim acting as the mom. He also disclosed that his victim was 8 years old. P1 presented a distorted belief of permission or consent based on the implicit theory of child as a sexual being because he perceived the child was aware of the concept of sex, in addition to playing a role as a mother an adult maternal figure capable of understanding and engaging in sex (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999).

P4 also presented implicit theory of child as a sexual being when explaining his influencing decisions to have sexual interactions with a child. He explained that he met the child victim after being released from prison. He stated,

I was locked up in prison when she was first born. I think I took in the story of trying to be there for her, to make her feel comfortable with the family. Then the attraction came later. I became aroused.

P4 developed an emotional and sexual attraction to his victim, believing he could express his feelings through sexual contact with little to no regard of her inability to consent as a child (Ward, 2000; Ward & Keenan, 1999).

P5 related their influences of having sexual interactions with children to the implicit theory of dangerous world and entitlement. P5 explained that he wanted to “teach her” and “She was the only person I saw as caring and available.” He viewed the sexual

interaction as education and affection, believing the child was giving him love in a sexual way, which is a distortion of dangerous world (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). He also identified the child as a source of comfort for feeling depressed; using the child to fulfill his needs, thus feeling entitled (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). He also applied the term 'available' to the child, viewing her through the distorted lens of a child as a sexual being.

P1 also gained sexual consent through a perception of dangerous world, expressing feelings of acceptance by his child victim (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). He shared that his victim "didn't push me away, like school-aged kids did. I could be who I wanted to be and not be judged." P1 did not feel rejected, and believed the child was capable of making him feel loved (Ward, 2000; Ward & Keenan, 1999).

P2 and P7 shared similar influences of having sexual interactions with children. When P2 was asked what influenced his decision to have sexual interactions with a child, he stated "Me being sexually molested as a kid." He explained that the lack of support he received as a victim of childhood sexual abuse caused him to become angry as an adult and "I guess I just didn't care about anyone and then always wanted sex." P7's response to the same inquiry was, "I wanted to see how it was, to be truthful. It happened to me, so I wanted to try it out. To be honest." P2 and P7 presented cognitive distortions that are associated with the implicit theory of uncontrollability. This concept explains that P2 and P7 perceived their victimizations as uncontrollable experiences and having no control over how those traumatic experiences impacted their decisions to sexually molest a child

(Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). P2 and P7's blame towards others, such as their perpetrators and/or people who neglected to provide help, also demonstrated that they did not feel they had control over their offense. This distortion identifies that the blamed persons were in control (Ward & Keenan, 1999). Additionally, P2's statement of an increased sex drive explains that he felt he was unable to control his sexually impulsive behaviors (Ward & Keenan, 1999).

Nature of harm was evident in P3's explanation of his beliefs when he sexually molested a child. He identified self-permissive behaviors as sexual consent when deciding to commit the sexual offense. He stated "I felt like I was in a relationship. Mentally and verbally. I didn't feel like I was hurting anyone in my eyes." P3 believed sex would not induce physical harm to child, in addition to his thought of the sexual interaction as a 'relationship,' minimizing the reality of the offense and also justifying consent to engage in the sexual interactions (Ward, 2000; Ward & Keenan, 1999).

Subtheme 4.2: Recalling childhood experiences with disappointment and shame. All participants identified their childhood sexual abuse experiences as primary factors of their sexual interests, recalling their traumatic histories with distress and embarrassment. P1 stated that he was exposed to sex at an early age, viewing "sex parties" that his mother and stepfather held in their home, noting, "the people didn't hesitate to have sex anywhere, any time." He added that he was indifferent to his sexual abuse, explaining, "I guess because I saw so much of, I didn't know what to think of it then, as a kid." P6 also identified his sexual abuse and exposure to sex as influences of his sexual interests, and explained "I blame the guy who raped me." P6 then recalled

watching his brother masturbating in front of him as a child, then having sex with his sister while P6 watched. He added that his life was “a bad experience.” P7 also attested to his childhood sexual abuse as supporting his sexual interest because “my being molested was torture. It was critical. It was crazy. Like, I guess me being molested did something to me sexually because it was always in my head.” When P2 shared how his sexual interests were influenced, he also immediately recalled his childhood sexual abuse, in addition to the lack of mental health services that he was supposed to receive, but did not. P2 reported “drug dealers were in my house, so he [therapist] just walked out. He didn’t tell us how to deal with this sexual problem. My life could’ve been different, better.”

P3 and P4 identified specific people for their child sexual abuse as influences towards the development of their sexual interests. P3 explained that he had an interest in learning how his perpetrator was sexually “excited” by offending him. He wanted to know “what it was like.” However, he also shared his ongoing struggles of constantly questioning his actions towards committing his offenses, asking himself, “Why I force my victims without consent? Why I raped them? Why I molested them? At that time, I didn’t care. It was all about me. Now, it’s hard to live with myself.”

P4 also explained that being molested by his sister, “and the aggressiveness of her,” caused him to feel “uncomfortable” and “insecure” in the presence of females. He expressed belief of, “thinking all girls were like that. And, my first consenting time was similar. I don’t like when women make the first move, like forcing me to be involved.” P4 added that he often feels “like I’m not a man” when remembering his victimization.

P5 identified feelings and his victim when exploring the development of his sexual interests. He disclosed “My biggest influencers were disappointment and depression,” relating it to his childhood victimization of sexual physical and psychological abuse, in addition to a failed marriage. He also shared that he had a sexual interest in teaching his victim about sex because he believed that she was the only person who cared for him.

Chapter 4 Summary

Seven, adult, male CSOs participated in this study. All participants were currently on probation and were receiving outpatient mental health treatment for their sexual offenses towards children. Participants responded to flyers that were posted in the treatment facility where they received services and semi structured interviews were conducted face-to-face. All participants provided verbal and written consent to the terms of the research study.

Interview questions were designed to answer the overarching research questions. Themes that developed as a result of the participants’ responses provided an understanding of how sexual consent was shaped and influenced as a result of childhood sexual abuse among CSOs. CSOs were able to conceptualize a child’s ability to provide sexual consent by explaining an understanding of sexual consent, in addition to providing influences that led to sexual interactions with children. Major themes identified in the current research were: distressing and unhealthy childhood experiences, limited knowledge of consent during first sexual experience, understanding of consent, and influences the led to sexual interactions with a child. Based upon the data, it is apparent

that distressing and unhealthy childhood experiences and limited knowledge of consent during first sexual experience influenced how sexual consent is perceived among CSOs who experienced childhood sexual abuse.

In summary, the interview questions were framed effectively in this qualitative study to address how CSOs perceive sexual consent. All participants appeared to provide their personal and genuine reflections with rich and detailed disclosures. Their responses gave deep insight into their childhood experiences that shaped their conceptualizations, which were impacted by their childhood sexual abuse and became distorted over time, such as first sexual experiences in adolescence, then influences of sexual interactions with children in adulthood.

Next, Chapter 5 completes this research study with a recap of the introduction, interpretation of the major findings, a discussion of the limitations of the study, recommendations for further research, and implications of social change. A final conclusion summarizes this study.

Chapter 5: Discussion, Recommendations, Conclusion

Introduction

The purpose of this interpretative phenomenological study was to gain thorough insight into how sexual consent is perceived by CSOs who experienced childhood sexual abuse. In this study, I also explored how CSOs rationalize permission in order to engage in sexual interactions with children. CSOs commit sexual offenses towards children through their justified perceptions of cognitive distortions (Levenson & Grady, 2016; Sigre-Leirós et al., 2016a). The distorted thoughts of CSOs often develop from traumatic childhood experiences, such as sexual abuse (Bourke, 2004; Levenson & Grady, 2016; Sigre-Leirós et al., 2016a). The CSOs who participated in this study referred to negative experiences from their childhood, including sexual abuse, as influences towards sexually offending children. The use of IPA helped to instill meaning to how CSOs regard sexual consent when sexually interacting with children and how they believe children understand sexual consent.

Seven CSOs who were convicted of a sex offense against a child participated in this study. The conceptual framework of implicit theory aided in exploring the CSOs' views of sexual consent while also sharing their lived experiences of childhood sexual abuse (see Dweck et al., 1995; Schneider, 1973). The participants in this study also provided viewpoints from their life experiences that contribute to better understanding of how their cognitive distortions of sexual consent were developed and influenced their decisions to have sexual interactions with children. Four themes developed as key findings of this study: distressing and unhealthy childhood experiences, limited

knowledge of consent during first sexual experience, understanding of sexual consent, and influences that led to sexual interactions with children.

All participants shared distressing and traumatic childhood experiences. When discussing their first sexual experience, they presented limited knowledge of sexual consent; however, in adulthood, all participants were able to identify the meaning of sexual consent and expressed that children are not capable of providing consent. Yet, each participant rationalized their sexual interactions with children.

In this chapter, I explain the findings in relation to the literature review, which can add to the knowledge of the sex offending population. I also present the limitations of the study, which address trustworthiness, and provide recommendations for future research that include strengths in assisting with additional research pertaining to CSOs and sexual consent. The implications of social change are supported by the findings.

Interpretation of Findings

In the Literature Review section of this study, I provided evidence of the influencing factors that lead to sex offending behaviors in adulthood, such as childhood sexual abuse and the development of cognitive distortions (see Abbiati et al., 2014; Glowacz et al., 2018; Grady et al., 2017; Houtepen et al., 2016; Levenson & Grady, 2016). However, researchers had not addressed how sexual consent may be influenced by childhood histories or how sexual consent is shaped from the lived experiences of CSOs. Studies that have addressed how sexual consent is defined did not include the population who violates that permission, such as CSOs. The findings of this study were able to

extend knowledge of how childhood sexual abuse can lead to sexual offending behaviors based on the perceptions of sexual consent.

Among the participants, each CSO reflected on their history of childhood sexual abuse, their first sexual experiences, understanding of sexual consent, and their influences of sexual offenses towards children. All participants responded to questions that appeared to create a timeline of events that shaped their perspective of sexual consent from childhood into adulthood. The use of implicit theory as the conceptual framework of the study supported the ability to understand how each participant developed their viewpoint of sexual consent based on the influences of their childhood (see Beauregard & Leelere, 2007). Four themes developed as a result of the research: distressing and unhealthy childhood experiences, understanding of consent, limited knowledge of consent during first sexual experience, and influences that led to sexual interactions with a child. In the following subsections, I discuss the findings presented in Chapter 4 in relation to the extant literature on the topic.

Theme 1: Distressing and Unhealthy Childhood Experiences

Adversity in childhood can potentially lead to negative psychological and social developments in adulthood, especially the impact of sexual abuse (Abbiati et al., 2014; Boillat et al., 2017; Grady et al., 2017; Levenson & Grady, 2016). Trauma and dysfunctional home environments in childhood increase the risks of mental and emotional maladaptive issues, potentially leading to criminal behaviors, such as sex offending (Grady et al., 2017; Levenson & Grady, 2016). In the current study, each participant described an unhappy childhood history that was affected by neglect and

abuse, including sexual abuse. Words used to describe their home environments were “awkward,” “lonely,” “fearful,” and “frightening” due to abuse in the home.

Additionally, single-parent homes can increase a child’s risk to vulnerability and victimization (Grady et al., 2017; Levenson & Grady, 2016). Rejection and neglect by biological fathers and male role models can contribute to an increase in unhealthy sexual activity in adolescence and adulthood (Bourke, 2014; Kingston et al., 2017; Levenson & Grady, 2016; McKillop et al., 2016). Most participants also recalled being abandoned by parents at a young age, especially by paternal figures. Many participants also struggled to identify any healthy role models, and all paternal figures were absent or abusive. Most participants disclosed their fathers “leaving” when they were young and having minimal contact with them through their lives. One participant, in particular, expressed fear of his father returning home from work, anticipating the physical and verbal abuse once his father was home.

Attachment theories also help explain the childhood experiences of sex offenders. Attachment issues develop as a result of an adverse childhood, including sexual victimization by trusted persons, contributing to maladaptive behavioral problems, such as intimacy issues, insecurity, and vulnerability in adulthood (Grady et al., 2017; McKillop et al., 2016). Insecure attachment styles can develop as a result of accepting adversity in childhood, which can lead to nonconsensual sexual experiences in the adolescence stage of CSOs (Abbiati et al., 2014; Grady et al., 2017). Sexual victimization in childhood also correlates to insecure attachment. Participants in this study related to the insecure attachment styles because they identified their sexual abusers as caretakers,

such as older siblings, babysitters, cousins, and medical professionals. They expressed trust in the caretaker but also confusion regarding the sexual abuse because they were unsure at the time of the abuse if the encounter was right or wrong. Participants also disclosed learning about sex from their sexually abusive experiences. The participants' beliefs and disclosures of learning about sex from disturbing situations signifies that the distortion of sexual consent was developing.

Theme 2: Limited Knowledge of Consent During First Sexual Experience

As the participants' distortions appeared to have developed as a result of trauma in childhood, their distorted thoughts also appear to further be impacted during first consensual experiences. When reflecting on first consensual sexual experiences, participants in the present study explained having limited or no understanding of consent during that first sexual encounter, voiding an ability to provide consent (see RAINN, 2018; Simard, 2015). Six participants were between the ages of 10 and 17 years old during their first sexual experience. One participant stated he was 18 years old during his first sexual experience and expressed belief that he was forced to engage in the sexual interaction because his partner had control, so he complied. These disclosures are synonymous with the findings of past studies in which it was reported that male adolescents affected by sexual abuse tend to disregard or dismiss sexual consent (Glowacz et al., 2018).

Adolescent males victimized by sexual abuse are also prone to engage in nonconsensual sexual encounters and often attempt to imitate the thoughts and behaviors of their perpetrators (Carvalho & Nobre, 2014; Glowacz et al., 2018). Some of the

interviewees reported having consensual experiences with siblings, and others identified consenting to sex as a child or adolescent with an older female, with an age difference from 6 to 27 years. Therefore, the experiences were not legally consensual due to the participant not being of legal age to consent (see Age of Consent, 2018). The participants may have engaged in or tolerated the sexual interactions due to their childhood sexual abuse experiences (see Carvalho & Nobre, 2014; Glowacz et al., 2018).

Theme 3: Understanding of Sexual Consent

Sexual consent is defined as a legal, ethical, and moral boundary that separates assault from a permissive interaction that is communicated agreeably between two parties (RAINN, 2018; Simard, 2015). Sexual consent can be given and obtained verbally or by nonverbal behaviors; it is not assumed. In the present study, all participants related to the mentioned definition, explaining that sexual consent is an “agreement” or “permission” between two parties. All participants also agreed that children cannot provide consent to engage in sexual interactions. Participants reported that children “do not understand consent” and “are not developed in their minds,” or “are old enough” to provide consent. Therefore, sex offenders know what consent is but applied distortions and rationalizations when justifying their sexual interactions with children.

The distortions and rationalizations of CSOs are identified as schemas or the structure of cognitive thoughts with underlying distortions (Carvalho & Nobre, 2014). This maladaptive thought process influences CSOs to engage in behaviors that are unhealthy and deceptive while being fully aware that the actions are wrong (Abbiati et al., 2014; Bailey et al, 2016; Carvalho & Nobre, 2014; Paquette et al., 2014). The

cognitive distortions justify the behaviors, enabling beliefs that the actions were impartial (Carvalho & Nobre, 2014). Each participant in the current study clearly understood the boundaries of sexual consent in relation to children and justified their actions through the use of cognitive distortions.

Theme 4: Influences That Led to Sexual Interactions with Children

All participants identified an increased understanding of sexual consent in adulthood, such as “permission” or an “agreement” with another party to engage in sexual activity. Furthermore, all participants of the present study were able to identify that children cannot provide consent. Although each participant expressed understanding of sexual consent and reported that children cannot provide sexual consent, the participants related to cognitive distortions when addressing influences of their sexual interactions with children. The CSOs who participated in this study rationalized their sexual interactions with children in order to dismiss or distort sexual consent. Their cognitive distortions enabled their sex offending behaviors towards children (see Mihailides et al., 2016). CSOs develop cognitive distortions from their adverse childhoods and history of unhealthy relationships, trauma, and abuse (Carvalho & Nobre, 2014; Sigré-Leirós et al., 2015, 2016b). The cognitive distortions of CSOs enable the capability to rationalize sexually deviant behaviors, which is also relevant to insecure attachment style (Bailey et al., 2016; Carvalho & Nobre, 2014; Grady et al., 2017; Houtepen et al., 2016; McKillop et al., 2016; Mihailides et al., 2016; Paquette et al., 2014). The participants of the current study blamed their childhood experiences for influencing their decision to sexually interact with a child. Interviewees reflected on

witnessing sexual activity among siblings, parents, and “sex parties” as contributors of unhealthy sexual choices in adulthood. Some also recalled lack of counseling for their sexual trauma as an influence of imitating the sexual experience as a perpetrator.

All participants reflected on their experiences of sexual abuse and lack of healthy and supportive guidance as directives towards their sexual offenses against children, expressing disappointment and shame at their decisions through their developmental histories. Male victims of sexual abuse often experience embarrassment, disgrace, and rejection (Bourke, 2014; Kingston et al., 2015; Levenson & Grady, 2016). These unhealthy feelings can influence CSOs to rationalize child-adult sexual relationships and to seek sexual intimacy and affection with children (Bourke, 2014; Kingston et al., 2015; Levenson & Grady, 2016). This appears to be consistent with the participants’ lived experiences in this study.

Conceptual Framework

In this study, I identified cognitive distortions of sexual consent that contributed to the participants’ choices of sexually abusing a child. The conceptual framework of implicit theories that shaped the participants’ views of sexual consent were synonymous with child as a sexual being, nature of harm, dangerous world, entitlement, and uncontrollable (see Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). Participants utilized the mentioned implicit theories when rationalizing their sexual interactions with children. Some participants expressed the belief that the child was accepting of the sexual interactions or aware of the concept of sex, which corresponds with child as a sexual being (see Ward, 2000; Ward & Keenan, 1999). Nature of harm

was identified when a participant believed they were in a relationship with a child, which minimizes harm to the child through the self-permissive sexual interaction. The implicit theory of dangerous world was observed when a participant described feeling “loved,” “unjudged,” and “accepted” by his victim, misinterpreting the belief that the child was agreeing to engage in sexual interactions (see Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999).

Other participants dismissed sexual consent, solely identifying a need to fulfill their sexual needs or to compensate for their depressive feelings, correlating with entitlement (see Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999).

Uncontrollable was founded among participants who expressed a need to imitate their perpetrators, or blaming their victimization in childhood, which also dismisses recognition of sexual consent (Marziano et al., 2006; Ward, 2000; Ward & Keenan, 1999). In short, each participant identified an implicit theory associated with CSOs when exploring sexual consent in regard to sexually interacting with children.

Implicit theory was applied as a framework to this study as it helped to explore and shape CSOs perspectives of sexual consent. More specifically, the study related the influences of childhood sexual abuse to the lived experiences of CSOs that guided the development of their cognitive distortions when identifying sexual consent and how they rationalized their sexual interactions with children. Jerome Bruner and Renato Tagiuri introduced implicit theory by exploring the behaviors, reactions, and responses of CSOs based on their perceptions of themselves, others, and the world around them (Dweck et al., 1995; Jackson, Chan, & Stricker, 2006; Schneider, 1973). Ward and Keenan’s (1999)

child molesters' implicit theories was also implemented in this study to further comprehend the explicit cognitive distortions used among CSOs.

The findings of this study supported the cognitive distortions of child molesters' implicit theories. Each participant expressed beliefs that appeared to be developed in childhood, such as describing childhood experiences that were distressing and unhealthy, including home environments and victimization of sexual abuse. As the CSO evolved into adolescence, distorted thinking began to surface as each participant presented beliefs of first sexual experiences as being consensual, despite having a poor understanding of consent and a disregard for the significant age-gaps with partners. When addressing sexual consent as an adult, each CSO conceptualized the term of sexual consent within legal, ethical, and moral standards, but presented the cognitive distortions associated with implicit theories of child molesters when rationalizing their sexual interactions with children.

The participants justified their sexual interactions with children by blaming their childhood experiences, especially sexual abuse, for their poor decisions and behaviors as an adult. Some CSOs appeared to objectify the child to regain control of historical experiences that were uncontrollable, which disregards consent. Other CSOs minimized their sexual offense towards a child by justifying their actions and believing the child was a willing partner and providing consent. This justification distorts the CSOs belief that no harm is inflicted on the child. Several CSOs also perceived influences of sexual interactions with children as self-permissive behaviors when rationalizing that they too were also victimized.

Limitations of the Study

A number of limitations of the study surfaced upon conducting the research. The study was qualitative in design; therefore, a limited number of participants were chosen to partake in the study. A quantitative study would have encompassed a larger population; however, this qualitative study allowed for greater insight and personalized information than a quantitative design would not have captured.

The primary focus of this study was adult males who sexually offended children and were also victimized in childhood by sexual abuse. Also, chosen participants were over the age of 18, actively engaged in sex-specific treatment for a minimum of 6 months, and compliant with probation stipulations. Therefore, findings may not be relevant to female perpetrators, adult males with adult victims, CSOs who have not received treatment, or CSOs who lack a history of childhood sexual abuse. In addition, results were obtained from an urban city in Pennsylvania; therefore, outcomes may differ among other demographic areas throughout the country and internationally. The race, sexual orientation, spiritual beliefs, or cultural backgrounds were not considered during for participant criteria as it may have portrayed a bias towards a specific population. Conducting the study with a general profile of adult males allowed for the focus to be directed towards the CSOs sexual abuse histories and their target of child victims.

The data collection process may pose another limitation, as the semi structured interviews responses were based on self-reports. Therefore, participants could possibly have exaggerated, minimized, or denied responses to particular inquiries, especially considering the nature of the topic. Former studies have detected deception among CSOs

who participate in research (Navathe et al., 2008). However, trustworthiness of the study is supported by the saturation process found with seven participants and common themes that emerged from the study, which also supported confirmability. Also, participants appeared eager to share their experiences, but also required probing at times due to vague or unclear responses, suggesting truthfulness, as this is a common response style among people who genuinely engage in self-report interviews.

Other limitations include aspects of the study that were not addressed, such as gender or number of victims, history of substance use and other criminal behaviors, mental health diagnoses, adult relationships, and social influences. These factors were excluded because the study aimed to have a specific purpose of learning how sexual consent was developed and how it contributed to sexual interactions towards children. Inclusion of additional factors may be beneficial when comparing influencing factors for a quantitative study.

Another limitation was the omission of how the general term of consent is viewed among CSOs in regard to daily life, as it was not relevant to the phenomenon of sexual consent. Understanding how CSOs apply consent to their thoughts and behaviors of their daily lives may relate to their perceptions and actions of sexual consent. A final limitation was when the understanding of sexual consent was learned, possibly upon receiving mandated sex-specific treatment after the sexual offense was committed.

Recommendations

The limitations of the study assist with the recommendations of future research. This phenomenological study was specific to adult males who experienced childhood sexual abuse and how those experiences influenced their perceptions of sexual consent. This study can be replicated with adult females who were sexually abused a child and who sexually offended a child in order to understand how they rationalize sexual consent based on their developmental histories. Omissions of the childhood sexual abuse histories of both genders may reveal additional insight of how sexual consent influenced their sexual offenses towards children. Other factors that may be scrutinized within the population of the study are the number of victims, criminal histories, and mental health backgrounds. Also, researching CSOs of other demographic areas, such as suburban, rural, or other world populations may produce interesting findings based on culturally diverse settings. Recreating the criteria of research participants can help to identify how sexual consent may be perceived differently among particular CSO populations. Additionally, exploring when sexual consent becomes understood, such as before committing an offense or when receiving mandated treatment, would also benefit research and treatment efforts.

Also, the present study focused primarily on how sexual consent is perceived among CSOs. Future studies may benefit from exploring how CSOs conceptualize the general term of consent and how they apply it to their every day. Comparisons of the types of consent may signify that cognitive distortions are applied to other facets in a

CSOs daily lifestyle, or findings may demonstrate that views of consent are distorted primarily towards sexually deviant behaviors.

Finally, cultural factors were not addressed in this study. Future studies among specific races, sexual orientation, and other cultural backgrounds may increase understanding of how sexual consent is viewed among different ethnicities. Comparisons can be made among the varied perspectives to learn how worldviews are shaped from the influence of cultural beliefs.

Implications

The results of the current study contribute to several implications of positive social change. This study reviewed past research pertaining to the development of CSOs cognitive distortions in relation to childhood sexual abuse (Abbiati et al., 2014; Glowacz et al., 2018; Grady et al., 2017; Houtepen et al., 2016; Levenson & Grady, 2016). However, the current research also created an extension to the cognitive distortions literature by exploring sexual consent with CSOs, focusing on their understanding and rationalizations of sexual consent. Although CSOs understand sexual consent in ethical, legal, and moral terms; specific perspectives are used when creating decisions to sexually interact with children, such as the implicit theories of child molesters. Therefore, it may behoove treatment providers to navigate treatment, such as assessments and therapeutic services, to focus on particular cognitive distortions, and how and when they developed in the client to aid that person with increased understanding of their actions and improve areas of accountable and responsible decision-making.

Also, experiences of childhood sexual abuse impacted CSOs' understanding of sexual consent in their adolescent phases, ultimately leading to sexual interactions with children in adulthood. Implementing education of sexual consent to child survivors of sexual abuse may enhance understanding of their victimization of their encounter; thus, instilling a greater sense of awareness and educated decisions of sexual consent during their first consensual experiences.

Increased education and modifications of therapeutic services that address sexual consent and the development of unhealthy thought processes may ultimately help to decrease victimization of children. Treatment providers can become positive social change agents by learning how the understanding of sexual consent impacts the ability to make responsible, safe, healthy, and appropriate choices. Addressing the comprehension of sexual consent, and the consequences of violating it, as early as necessary in a person's life can reduce the number of children targeted by CSOs. If CSOs can effectively rehabilitate in therapeutic areas when exploring the sources of their distorted perspectives of sexual consent, then a reduction of recidivism in the community may be possible.

Positive change also supports the families of CSOs and potential victims. Support persons of CSOs can choose to be more engaged in the treatment efforts that increase safe and responsible behaviors of the CSO that reduce risks of reoffending. This support can be given by increasing knowledge of the boundaries of sexual consent and helping and encouraging the CSO to practice safe and responsible behaviors, while also holding them accountable of their offenses as a guide towards making healthier choices. Families of potential victims may choose to educate their children about sexual consent and risks

of victimization by consulting with a child or forensic professional who can assist with the most effective and child-friendly terminology that helps a child to increase vigilant practices with adult males. More specifically, families and victims of CSOs can increase awareness of how sexual abuse can negatively influence thinking processes and behaviors and implement proactive efforts towards helping victimized children break the cycle of becoming perpetrators.

Finally, intermediate and high schools can also increase their education to students of sexual consent. Students may have suppressed their experiences of victimization, which can potentially lead to offending or additional experiences as a victim. Sexual consent is a strong term that holds severe consequences for those who violate it, and trauma for those impacted by it. Therefore, the increased number of populations who comprehend and abide by sexual consent can aide in decreasing victimization. Understanding sexual consent, and the consequences that evolve from violating it, can reduce and redirect the cycle of sexually victimized children who develop paths towards being perpetrators of sexual offenses against children.

Conclusion

Although current research has explored the impact of sexual abuse in regard to CSOs' childhood histories, while also conducting studies of sexual consent, it has not connected the two topics. CSOs are the population who violate sexual consent, creating child victims who may replicate the cycle of sexually offending behaviors. Therefore, it is imperative to understand how this population develops the distorted thoughts that progress from thoughts of sexually hurting children to self-permissive behaviors of

sexually interacting with a child. It is an ethical and legal boundary that when crossed, results in trauma and negatively impacts psychological development in the victim (Houtepen et al., 2016; Levenson & Grady, 2016; Sigre- Leirós et al., 2016b). Male children who are exposed to sexual abuse and negative home environments are among the highest risk of developing traits towards sexual offending behaviors against children (Boillat et al., 2017; Houtepen et al., 2016; Kingston et al., 2015).

The ability to identify the pivotal moment that dismisses or distorts sexual consent was explored in this study. The implications of this study can assist treatment services in addressing the development of those distortions before it results in another sexual offense towards a child; thus, potentially decreasing the number of child sexual abuse victims. The findings of this study also encourage researchers to explore other perspectives of CSOs further to combat sexual recidivism and improve mental health cognitions.

The present research explored the conceptualizations of sexual consent among CSOs. The benefit of using IPA in this study is that CSOs were encouraged to disclose their personal perspectives without fear of judgment or bias of their identity as a CSO. This qualitative design increased the ability to gain honesty of their thoughts and feelings of sexual consent in regard to traumatic histories and poor decisions. The disclosures from the participatory CSOs resulted in four themes: distressing and unhealthy experiences, limited knowledge of consent, understanding of consent, and influences that led to sexual interactions with children.

Additional insight obtained from the themes was a pattern of how the distortions of sexual consent developed; thus, leading to decisions to sexually interact with a child.

Distressing home environments lack of paternal guidance, and sexual abuse victimization caused the onset of cognitive distortions. The distorted thoughts escalated during the CSOs' first sexual experience as sexual consent was identified during adolescence, but the impact of sexual abuse and lack of sex education also limited the comprehension of sexual consent. This limitation was evident due to the maladaptive beliefs of sexual consent during their first sexual experiences. The views of sexual consent appeared to be increasing in distortions as the male progressed in age and sexual experiences.

Therefore, in adulthood, CSOs identified stronger insight and understanding of sexual consent, but violated the child based on justifications, omissions, or self-permissive behaviors of sexual consent. These cognitive distortions of sexual consent are the problem areas that lead to the rationalizations of thoughts to behaviors, which sexually victimize children. This study can direct additional learning and research into the mindset of CSOs and other populations who violate consent, while also contributing to the increased knowledge of how sexual consent is perceived among treatment of male CSOs and victims of sexual abuse in order to reduce further victimization.

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